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of
Jersey

FACULTY OF
PUBLIC HEALTH MEDICINE
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TO 1 AUG 1994
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Report of the Medical Officer of Health for the year 1993

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COVER PHOTOGRAPHS

1. LE BAS CENTRE - from St. Saviour's Road.
2. LE BAS CENTRE - from Woodville Avenue.
3. GLOUCESTER LODGE - Stopford Road.
4. CONSULTATION ROOM - Gloucester Lodge.
5. RESOURCES CENTRE - Gloucester Lodge.
6. THE CREMATORIUM - Westmount.

States of Jersey

DH

COMMUNITY HEALTH SERVICES

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REPORT OF THE MEDICAL OFFICER OF HEALTH
C. RICHARD GRAINGER, M.B. Ch.B, F.F.P.H.M., D.P.H., D.Obst.R.C.O.G.
FOR THE YEAR 1993

Presented to the States on 26th July, 1994
by the Public Health Committee.

STATES OF JERSEY

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1994

INTRODUCTION

To the President and Members of the Public Health Committee.

Mr President; Ladies and Gentlemen; I have pleasure in submitting my Annual Report for 1993.

Infectious Disease

New infectious diseases arise, or old diseases take on new guises to stimulate our interest. The general public only hear of a certain number of outbreaks of infectious disease, but the potential for individuals or groups of people to be infected is large. The spores of tetanus and botulism are probably in the soils of Jersey at all times, whilst the introduction of spores of diseases such as anthrax is possible, although remote. New diseases are being discovered all the time, and blue/green algae, which have affected animals and, indeed, humans in other parts of the world, are to be found in Jersey water although no cases of intoxications have yet been discovered.

There was only one large Salmonella outbreak with a common source during the year, but it is worrying that the incidence of sporadic cases continues to rise so that the potential for outbreaks, unless people are vigilant at all times, is actually increasing.

New Vaccine

A very welcome introduction in 1993 was the vaccine to control Haemophilus influenzae b (Hib). There were one or two hiccups early in the year due to funding and supply difficulties, but it is pleasing to note the alacrity with which parents accepted this vaccine on behalf of their children. We hope that in the future meningitis due to this organism will decline to negligible proportions.

Imported Infections

Jersey continued to have its quota of imported exotic infections, including malaria, various intestinal parasites and one case of leprosy. Interaction with the world through tourism and business plays a significant role in the introduction of infection into Jersey, and this potentially includes sexually transmitted diseases and HIV infection. The downturn in the economy does not seem to affect the number of people travelling to foreign parts and our travel clinics have been busy providing vaccines and advice. This service could have been expanded but, due to manpower restraints and a tacit agreement not to compete with the private sector in health care matters, limited progress was made in developing this service.

Cost of health and the cost of disease treatment

The days when money was not a constraint on the development of services are now over and budget cash limits have been set for the coming two years. In terms of the promotion and protection of health, Jersey has more than adequate resources if they are used wisely and correctly. However, a very different situation exists for the treatment of disease as, due to the high standards already existing in Jersey, treatment services have reached a situation of diminishing returns, since large amounts of money would need to be invested in order to achieve marginal improvements. The population of Jersey has come to expect the highest of standards, but sometimes has unrealistic expectations of the benefits of treatment.

Year of the Elderly

1993 was the Year of Older People and Solidarity between Generations. Jersey had a very active and effective programme throughout the year, one of the most pleasing aspects of which was that people began to realise that there was value in providing health education in its broader sense for the elderly, and there is every indication that schemes started during the year will continue into the future for the general benefit of the community. Stimulation and motivation are as important in the later years of life as at any other age, and the benefits can be enormous.

Environmental Health

A development during the year was the identification of the Island Development Committee (IDC) as the committee responsible for environmental matters. It will be interesting to see how this role evolves in the future. Readers of previous Annual Reports will have noted my concern at the lack of a corporate approach to a number of issues in Jersey, including the environment. One approach that has been suggested is that, every time a committee puts forward a development scheme, it will be asked to attach an environmental impact assessment for consideration by the IDC in order that the Island may come to an environmentally friendly solution to its problems, and also achieve the aims of sustainable development.

A similar policy would also be helpful in order to develop a corporate approach to the promotion of health, as at the present time no such plan exists. Each committee acts as it thinks right for its own purposes, and inconsistencies develop. For example, there are no corporate policies on occupational health, and no consistent policy on smoking in the workplace. Because of the disparate views of the various committees the development of a realistic policy on the limitation of smoking in public places would be inordinately difficult, although the health benefits would be considerable.

Child Health Computer

Information technology is gradually being introduced into the community health services. It is pleasing to note that approval has been given for a child health computer, which will allow improved administration of the child health services as well as allowing for the abstraction of information relevant to a wide range of childhood health issues. Manpower and financial constraints, however, have meant that in order to introduce this scheme a child health co-ordinator has had to be contracted for a year at the expense of an environmental health officer post, which is sorely missed.

Gloucester Lodge

Health Promotion and the services provided by the Drugs and Alcohol Unit have gone from strength to strength over the last few years, but their accommodation in various buildings has either been substandard or temporary. Both services are now moving to Gloucester Lodge in Stopford Road, the previous home of the Family Nursing Services. This will provide adequate accommodation and space and allow them to plan for the future from a secure base.

Unplanned Pregnancy and Abortion

Abortion continues to be a matter of major health importance in the Island. The Public Health Committee has produced two reports during the year; one addressed the issue of unplanned pregnancy in the hope of reducing the number of women becoming pregnant when that was not their wish. It is hoped that this approach will reduce the demand for abortion.

A number of issues are being pursued, including the improvement of health education and the availability of information, and it was decided to invite the Brook Advisory Centres to set up a clinic in Jersey to provide advice, particularly to the young, on matters of sexual health and, where necessary, to counsel on abortion.

The Committee also issued a consultation document putting forward various options for formalising the law on abortion. The discussion is still ongoing but it is hoped that formal proposals will be put to the States for debate early in 1994 in order to lay down the conditions under which abortion may be carried out in Jersey.

Abortions in England and Wales

It is pleasing to note that there has been a substantial drop in the number of abortions carried out in England and Wales on people who give Jersey as their place of residence. The decrease is considerably in excess of that experienced in the UK. Efforts to improve the uptake of family planning services, including the use of emergency contraception, may be a contributory factor.

Family Planning

It is gratifying that attendance at our Family Planning Clinics, particularly by the under 16s, has risen by over 300% in the last three years, and has doubled for those in the age group 16 - 19 years. Attendances by those in other age groups are relatively stable. It has been questioned whether these services are taken up by local residents or whether there is an inordinate demand from seasonal workers; the indications are that seasonal workers do not make an inordinate demand on the service but, as would be expected, women in the 20 - 24 age group include a lot of seasonal workers.

It is hoped that in the future the improved health education and the improvement in the services will continue to show benefit for the women of the Island, and it may be that the Brook Advisory Centre to be set up in the near future will further increase the uptake of these services by young women.

Public health Legislation

There has been no real progress on public health legislation during the last twelve months, although there have been a number of episodes which have highlighted the need for statutory nuisance legislation at least. For instance, the Maufant area has become notorious for the smells that have been detected in the area; a number of causes have been found, the resolution of which has been particularly difficult due to the paucity of statutory power. The lack of consultation and co-ordination not infrequently leads to one problem being solved with the creation of another; i.e. the dumping of potatoes due to an excess on the market has created quite a severe pollution problem which may be with us for many years at a considerable cost to the public purse.

Violent Deaths

1993 was a year in which a number of violent deaths, including both homicide and suicide, occurred or were discovered. Cases of assault and abuse are regularly reported in the media, and these events have direct and indirect consequences to the health and wellbeing of the individuals concerned but are also a sad indication of problems in society as a whole. These are not issues in which the caring professions alone can have a major impact; they require careful consideration of the causative factors which need to be addressed by us all in the hope of improving matters for the future.

Acknowledgements

In conclusion I would wish to extend my sincere thanks to the President and members of the Public Health Committee for their interest and support in the work of the Community Health Service.

I also wish to record my appreciation of the constant support provided by all members of the department, and the help of the Editorial Team and secretarial staff in the production of this Report.

C. R. GRAINGER
Medical Officer of Health

HEALTH PROMOTION

Health Promotion maintained its level of service and its involvement in national health promotions throughout 1993. The latter included National No Smoking Day, Drinkwise Day and World AIDS Day.

The impact of such events is monitored by some evaluation follow-up questionnaires and the data suggests that our local campaigns are highly effective at reaching their target audiences. More in depth research in the UK and elsewhere in Europe indicates, for example, some 15% of all smokers refrain from smoking on National No Smoking Day and some 6% of this group go on to stop smoking altogether. Translated into local numbers this means that well over 150 smokers give up smoking as a result of the activities around this day of campaigning.

Health Promotion and Older People

The European Community (EC) designated 1993 as the European Year of Older People. We took the opportunity to launch a major and sustained effort at improving the health of older people during the year. We appointed a Health Promotion Officer with special responsibility for this particular population and the public response to our initiatives was very rewarding. A number of health fairs for older people were arranged throughout the Island and all were well attended. In its health topics section the Jersey Evening Post highlighted the triumphs and successes of older people in a manner which was inspirational for many and a timely reminder that positive mental attitudes and taking care of one's health can reap rich rewards for many years after conventional retirement age.

A campaign to encourage physical exercise, including those people confined to wheelchairs, proved extremely popular. This was particularly so in a number of nursing and residential home. The highlight of the year was a major Health Fair at Fort Regent which was attended by over 3,000 older people. The momentum created by this special year will be maintained in 1994 and beyond.

Health Promotion and the Workplace

Throughout 1993 we contacted, on a monthly basis, a number of employers to encourage a greater awareness of health promotion opportunities within the work setting. During the year some fifty workplaces were contacted and the response from employers was extremely encouraging. The main outcomes include:-

- Setting up health displays within the company, with leaflets/posters - to be changed on a regular basis.
- Providing help to establish and maintain a policy with regard to smoking at work.
- Health Lifestyle and Handling Stress courses have been offered.

- Fitness testing has been taken up by a number of companies and these are offered by our Lifestyle Advisory Officer.
- Support to larger organisations in implementing health related directives from their Head Office.

Junior Citizen Award

The Unit was actively involved, over a two week period, with children in their final year of primary school in a major project concerned with personal health and safety.

A large series of realistic situations were created to give the children an opportunity to test themselves in settings which they might encounter at some time. These varied from "saying no" to strangers to resisting the offer of having and smoking a cigarette and included a road safety incident, a drowning scenario as well as the opportunity to learn and practice basic first aid.

The project was deemed an overwhelming educational success by all concerned. It was additionally an exemplary illustration of good collaboration between a multitude of agencies including the police, ambulance service, road safety officers, the Waterworks Company as well as the personnel from Health and Education. The project was the brainchild of and was spearheaded by Mr (now Deputy) Bob Hill.

Certificate in Education

Our network of trained health educators in the community was further extended in 1993 when twelve more students successfully completed this valuable and nationally accredited Certification in Health Education. A further opportunity to acquire this qualification will be offered in 1994 starting in the autumn.

Healthy Lifestyle Programme

These Healthy Lifestyle courses have again proved popular this year and tutors now offer extension courses for those wishing to proceed beyond the basic course. The principal message is that individuals can achieve better health and well-being through:-

- regular moderate exercise
- the adoption of sound food choices
- recognising personally stressful situations and learning how to cope with them
- understanding the importance of other health related issues such as weight control, smoking and alcohol consumption.

During the year nine further tutors offered fifteen basic courses and eleven extension courses with almost three hundred participants.

Alcohol and Drug Service

Although alcohol has continued to be the drug which causes most health and social damage to the community as a whole - and this is reflected in the 71% of total referrals in 1993 to the service - there are noticeable and worrying trends in the use of illegal substances.

During 1993 we witnessed an increase of some 73% in illegal drug referrals from 89 in 1992 to 154 in 1993. Many of these are referred through the courts and the probation service but a significant number are self-referrals or done through a supportive friend or family member. Individuals coming to us voluntarily are often better motivated and are willing to acknowledge their drug use as harmful and destructive to their general health and well being. They are, therefore, more willing to address the problems which have led them into their drug use in the first place.

An additional concern has been the emergence of serious opiate use - mostly heroin and morphine - in the local drug scene and amongst permanent local residents. In the past we have encountered opiate addicts, but as a general rule they were temporary seasonal workers from the larger cities of the UK. Whilst this latter group may still appear, our current problematic opiate users are certainly long term residents. Besides the major problems experienced by the individuals involved, of potentially even greater concern is the tendency within communities where opiates become a problem for it to become a chronic and extremely resistant one to eradicate. Many of the other drugs and in particular those used by the young are often little more than fashion trends which change with the seasons.

The opiates are used by an older population - our client group are from the mid-twenties upwards - and, if experience elsewhere is an indicator, such drug use by this population is often funded by property crime.

ENVIRONMENTAL HEALTH

Introduction

The work of the Environmental Health Section interfaces with all aspects of life and is multi-disciplinary in nature. The prime objective is to protect human health and maintain and enhance the quality of life for both residents and visitors.

To achieve this goal our functions extend into areas of health education, consultation and advice and the enforcement of public health legislation and codes of good practice.

The span of responsibilities is wide and we interact with other professions and organisations with the aim of achieving a corporate environmental and public health strategy. Liaison with the Health Promotion Unit, the Planning and the Public Services Authorities, Education Establishments within the Island and without is essential.

Environmental health and public health are constantly evolving and we must address long term strategies if the main thrust of our efforts towards preventive health measures is to succeed.

Collection of environmental data is important to enable assessment of trends and the formulation of environmental health strategies to prevent situations detrimental to health developing.

The concept of prevention rather than cure is a sound strategy and must be encouraged and remain at the forefront of our business and action plans. The emphasis, whilst reacting to short term situations, must at the same time address long term strategies, not only at a local but also at a global level. We cannot afford to work in isolation.

The Island has a high degree of dependency on tourism, and high value and large quantities of agricultural produce are exported to other countries. The highest possible standard of health and hygiene must be maintained and we need to take cognisance of the hygiene rules applicable in those countries to which we export if we are to avoid problems in this area.

To reverse the trend in increasing expenditure, preventive health has a major role to play. If strategies are successful in the long term, demands upon scarce environmental and health service resources will change. Resources may then be directed to matters important to the continued and sustainable development of the Island as a whole.

It must be appreciated that gains from environmental strategies may not become apparent in the short term, but if we treat the environment with respect it in turn will respect us and pay back our care, thought and investment with worthwhile rewards.

Food Hygiene and Food Safety

Our policy is to minimise the risk to human health due to the consumption of unsafe food and drink. The Section remains active in the field of food hygiene education and continues to promote and liaise with Highlands College on the Institute of Environmental Health Officers Basic, Intermediate and Advanced Food Hygiene Certificate Courses. The Section also runs its own basic hygiene courses. The food hygiene function was again given a high priority.

During 1993 a total of 787 premises inspections and re-inspections were carried out. This is slightly less than the figure for 1992 due to the retirement of a Senior Environmental Health Officer.

Food Complaints

104 food complaints were received during the year. Details of the foods involved, the nature of the complaints and successful prosecutions initiated are listed in Tables 7-1 and 7-2.

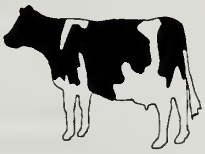
Port Health

A comprehensive port health inspection service is still not available, although provision has been made for its development in 1995. The absence of such a facility makes it extremely difficult for the Environmental Health Officers to keep track of foodstuffs imported into Jersey.

This function is necessary because we have an extremely busy airport and seaport, because we are a **final** destination, and a discretionary imported food inspection service should be available. Whilst the majority of people and organisations in the food industry are bona fide operators there are still those who will seek to circumvent the existing law to the detriment of public health. We must be in a position to control these operators.

Milk and Dairies

The Milk and Dairies (General Provisions) (Jersey) Order 1992 has been operational for 12 months. The Public Health Committee continues to receive reports on production units from ADAS officials from the UK, seconded to the Department of Agriculture and Fisheries, and the programme of re-inspection is now being implemented.



The Dairy premises of the Jersey Milk Marketing Board at Five Oaks continues to be inspected by the Environmental Health Section Officers.

Gastro-Intestinal Disease

1993 has again been a frustrating year for the officers of the Section. Sporadic incidents of confirmed cases of food poisoning, i.e. one case only, have again demonstrated an upward trend from 288 to 333.

Outbreaks involving two or more cases also increased from 19 to 26 and involved 178 persons as compared with 81 in 1992. The majority of cases were linked to one major incident involving a local bakery and its products.

Exercise of due diligence by all persons involved in the handling of food is the key message. The main causative agents of gastro-intestinal disease were Salmonella 287 and Campylobacter 146 (see Table 7-3).

Environmental Health Legislation

During the year the officers of the Section reviewed the position relating to Environmental and Public Health legislation in Jersey and compared the situation with UK and the European Community. The exercise culminated in a successful presentation of a Seminar to the Public Health Committee. Subsequently, a priority list and legal briefing were submitted as part of a report to the Public Health Committee in June 1993 and approved.

The objective is to ensure that public health and environmental health legislation is included in the Law Draftsman's 1994/1995 priority law drafting list. Failure to achieve progress in this area will seriously affect the Section's ability to carry out its functions.

Water Supply

Most of the work of the Section in this area is undertaken in sampling from private water supplies, wells, boreholes and rainwater storage in response to requests from individual members of the general public. There are food establishments which are supplied from bore or well and these need to be carefully monitored as part of the hygiene assessment of the establishment.

Radical changes will be taking place in the general management of the water resources in Jersey and the Section is eagerly awaiting the consultation on the new Water Laws. Monitoring the quality of water intended for human consumption and the setting of criteria for analysis remain the responsibility of the Environmental Health Section.

The Environmental Health Section has extensive data on the bacteriological and chemical quality of potable water supplies and indeed liaises with scientific organisations on a strictly confidential basis concerning this information.

The Island still has a large number of conservancy systems where effluent disposal is by ground soakage and this leads to a delicate balance between water quality and sewage disposal which requires close monitoring.

In addition to sampling on request, routine monitoring from designated points is undertaken and the data analysed. Seasonal variations in parameters are measured and this aids the Section in pursuing its preventive health strategy. The number of samples for the year demonstrate a slight increase compared with 1992 (see Table 7-4).

Pollution Control

The Section continues to respond to complaints concerning pollution to the environment including land, air and water. All complaints are investigated and Environmental Health Officers offer advice on remedial measures that may be taken to abate pollution problems. Areas of involvement include:-

a) Bathing Water Quality

The Section originally initiated this monitoring programme to the standards laid down by EC Directive. The work load is now shared with our colleagues at the Public Services Department which ensures that thirteen selected beaches are monitored over a period of 20 - 22 weeks during the period April - October (see Table 7-5).

b) Nitrogen Dioxide Survey

The Environmental Health Section initiated a 12 month nitrogen dioxide (NO_2) survey at four sites which commenced in June 1993. The main source of nitrogen dioxide is from motor traffic. At high levels exposure over prolonged periods is harmful to the human respiratory tract. Ambient concentrations are regulated throughout the EC by a Directive on Air Quality Standards.

The Warren Springs Laboratory is co-ordinating the survey, which is also occurring throughout the UK, for the Department of the Environment. In Jersey four passive nitrogen dioxide samplers have been sited in urban and rural areas. One such sampler is placed in the Tunnel and levels of NO_2 found up to November 1993 have exceeded the EC's directive limit. The level in December had however reduced dramatically below this limit. The results of the remaining samplers are well below the limit.

Further analysis is to continue into 1994 and liaison with the Public Services Department on the Tunnel site is taking place (see Table 7- 6).

c) Radon Survey

The third radon survey was completed in 1993 and the results of this survey, centred on St Helier, have been amalgamated with the previous two monitoring programmes to produce an overview. Discussions with the Island Development Committee are taking place, particularly with regard to new Building Regulations. Other tests are being co-ordinated through the Environmental Health Section with the co-operation of the National Radiological Protection Board.

d) Radioactive Monitoring of the Aquatic Environment

Monitoring of the marine environment for the effects of radioactivity has continued. Preliminary results for 1993 provided by the Fisheries Laboratory of the Ministry of Agriculture, Fisheries and Food have been received. These results are for total beta and gamma spectrometry of seaweeds, fish, crustacea, molluscs, sediments and for Caesium 137 in seawater. They show a slight increase but the final report will need to be received before further interpretation can be made.

This data permits trends to be assessed and provides information as a base for advising on action to be taken to prevent any detrimental impact upon the environment. The results to date are not considered to be detrimental to public health.

Sewage - Sewage Disposal

The Section continues to play a major role in the work of the Sewer Working Party. Areas which would benefit from the provision of mains services are recommended by the Environmental Health Section based upon environmental health criteria. A rolling programme for up to five years is reviewed on an annual basis.

The view remains that the prohibition of further development on conservancy systems, except in exceptional circumstances, must prevail and be vigorously supported.

Housing and Development

Housing remains a prime determinant of health. The prevention of overcrowding and the enforced basic fitness standards contribute greatly to the promotion of health.

Compliance with the voluntary Code of Practice for Lodging Houses and Seasonal Worker Accommodation is monitored.

The Section investigates complaints from tenants concerning disrepair and visits premises referred to us where the occupants may be considered for re-housing on medical grounds. Closing Orders or Demolition Orders are imposed in appropriate cases.

Observations relevant to environmental health issues are made on planning and development applications where they relate to designated premises and are likely to have an adverse impact upon the environment.

CLINICAL SERVICES

1. Pre-school Health Service

All children in Jersey are included in a programme of child health surveillance. This involves monitoring physical, social and emotional health; offering advice and arranging referral for treatment when necessary; preventing disease by immunisation; and promoting healthy lifestyles.

A recommended programme of routine examinations and immunisations from birth to two years of age is carried out by health visitors and clinic doctors working for Family Nursing and Home Care Services at child health clinics throughout the Island, and by some general practitioners.

Developmental examinations of children aged 3 - 4 years are carried out by clinic doctors working for Community Health Services at all registered nurseries and playgroups. The number of children attending such establishments has increased substantially over the last few years, particularly with the introduction of nursery classes in several primary schools. A total of 990 children were examined in 1993, a 6% increase on last year (see Table 8 - 1.1). There were 185 children (19%) who needed specialist referral, mainly to the eye clinic, speech therapy clinic, GU surgical clinic and ENT clinic (see table 8 - 1.2)

The introduction of **parent-held child health records** this year has proved very successful. The parents of a new born baby receive this record from the health visitor at the ten-day post natal visit, and they are fully instructed in its use. Each record contains the recommended child health surveillance programme which is filled in appropriately by doctors, health visitors, parents and other care professionals. The parents therefore become the sole record-holders of their child's development. Carbon pages of the respective examinations and immunisations are returned to Community Health Services to be held on file until such data can be fed into a child health computer system.

A Child Health Systems Procedures Document was produced this year prior to the implementation of the computer system in 1994. A child health co-ordinator will be appointed early in 1994 to supervise the change-over from our existing fragmented manual record system to an on-line computer system.

Haemophilus influenzae B vaccine, which protects against a form of meningitis, was successfully introduced into the routine primary immunisation programme for babies. The vaccine was also available this year to all children up to 4 years of age (see Table 8 - 2.7).

2. School Health Service

The School Health Service continues the child health surveillance programme, monitoring the healthy development of all school children. The clinic doctors work with three full time school nurses (seconded from Family Nursing and Home Care Services) to carry out a programme of medical examinations, vision and hearing tests and immunisations.

As the school population increases more children require examinations, and 6% required specialist referral (see Table 8 - 2.1). These referrals were mainly to the optician and eye clinic, and some to the ENT clinic and speech therapists (see Table 8 - 2.3)

Immunisation uptake for boosters of diphtheria, tetanus and polio and for the rubella vaccine remained good, but the child health computer will facilitate the scheduling and recording of these immunisation procedures.

The school nurses carried out a survey this year, in the form of a questionnaire, to find out the incidence of enuresis (bed-wetting) in school children (see Table 8 - 2.9). It was noted that as many as 9% of 5 year old girls and boys were found to be enuretic, and that the incidence reduced to 0.5% in 10 year old girls, but was still 4% in 10 year old boys. A management plan was set up whereby school nurses would counsel and advise certain treatment methods, including the issue of bed alarms. Referrals to the family doctor or paediatric clinic for medication would be made where necessary, including referrals to other appropriate agencies such as the Child and Family service.

The school nurses also actively liaise with the Health Promotion Unit, and one nurse is a member of a working party looking at support given to children with emotional and behavioural problems.

3. Speech and Language Therapy Service

The Speech and Language Therapy Service continues to provide an important element of care for individuals with communication difficulties in many different forms and affecting all ages. Swallowing disorders are now an established area of service which is having a wide impact on other services, including hospital catering. Speech and language therapy has now been in existence in Jersey for 30 years, and 5.5 full time equivalent staff are employed in the service.

This year has seen many staff changes and therefore many service adjustments; prioritising being practised thoughout to give the best service with the resources available. The waiting list stands at three months for initial consultation following referral, even though two mass assessment clinics were organised in April and August.

Joint activities between speech and language therapists and the Education Department, particularly in the area of special needs, continue to take place. Joint visits to the UK were organised during the year to a school for autistic children and one for hearing impaired children.

The issue of speech and language therapists' intervention with patients with swallowing difficulties is under review by the professional body of the College of Speech and Language Therapists, because of the possibility of litigation. This could have implications for the service in Jersey, as special training may be obligatory before swallowing therapy can be applied.

4. Family Planning Service

Family planning advice and contraception need to be readily available to all who require it if we are going to reduce the number of unwanted pregnancies and termination of pregnancies.

It is therefore heartening to note that the number of terminations carried out on Jersey residents in the UK during 1992 has reduced. Certainly the attendance rate at the family planning clinics has continued to increase (see Tables 8-4.1, 8-4.2 and 8-4.3) and is particularly noticable in the under 25 year olds.

We run six family planning clinics per week, and advice is given on all forms of contraception. Oral contraceptives are prescribed; caps and coils are fitted; injectable contraceptives are administered; post coital tablets are given when emergency contraception is required; pregnancy testing is undertaken, with some counselling given on unwanted pregnancies; sterilisation counselling is undertaken; general advice on sexually transmitted diseases, including AIDS, is given; and other contraceptive supplies such as spermicides and condoms can be purchased.

Table 8-4.4 shows an analysis of the type of contraception used according to age groups for 1993. About 68% of overall attendance was for the contraceptive pill; and for the other most popular method in the specific age groups: 20 - 29 years there was a 9% attendance for the injection, and in 30 - 39 years there was a 14% attendance for the coil.

In appropriate cases a totally free service is provided at these clinics on medical / socio-economic grounds. Applications for this free service are made via the health visitors or clinic doctors and nurses, and more than half the applicants tend to be in the under 20 year age group. Approximately 40% of all the clinic attendances in 1993 were approved as "free" attendances.

There has been a continual rise in the number of patients who attended for emergency contraception, particularly in the under 25 year olds - 206 young women this year compared with 91 in 1992. The emergency contraception given is in the form of 4 tablets, and as long as these post-coital tablets are given to a patient within 72 hours of 'unprotected' intercourse, in 98% of cases an unwanted pregnancy is prevented. This emergency service should not be used as 'routine' contraception and the client is strongly advised to return to the clinic to assess the outcome, and future contraceptive needs. A survey was carried out at our clinics to ascertain the reasons why people attended for emergency contraception and it was interesting to note that 60% attended because of 'condom failure' and 40% because no contraceptive method was used.

Apart from contraceptive advice and emergency contraception, the other reason why under 25 year olds visited the clinics was for pregnancy testing. There were 107 pregnancy tests carried out in total, of which 80 were in this age group. 27 were positive. There is certainly a need for a counselling service both for those who find themselves with an unwanted pregnancy and wish to consider termination, and for those who have recently had a termination. Following on from the recommendations of the Unplanned Pregnancy Working Party the Brook Advisory Centre has been asked to set up a clinic to address such a service, providing contraceptive advice and sexual counselling principally for the under 25 year olds.

Another recommendation of this working party was the promotion of personal and social education in schools, to include sexual health and responsible sexual behaviour. Organised by the Health Promotion Unit, a pilot scheme was set up in the Autumn whereby pupils in their last year at secondary school were invited to visit the Family Planning centre at Le Bas Centre and participate in a discussion group on sexual relationships, contraception and unplanned pregnancy led by one of our family planning nurses. These sessions were extremely successful with very positive feedback, and it is hoped that they will continue in 1994.

5. Well Woman Service

Well-woman clinics are held at Le Bas Centre for women wishing to have cervical smears taken, together with instruction in breast awareness and breast examination, and blood pressure, urine and weight checks.

It is recommended that once a woman becomes sexually active, she should have routine cervical smears taken every three years. A computer recall system is operated through the Pathology Department at the General Hospital. Cervical smear tests can detect abnormal cells (dyskaryosis) allowing effective treatment to be initiated so that the incidence of, and mortality from cervical cancer is reduced.

Ideally, patients should receive their results within three weeks but, unfortunately, with staffing problems in our Pathology Department earlier in the year, the smears had to be sent to Southampton General Hospital for analysis, causing up to a 10 week delay before patients obtained their results. Hopefully, by early 1994 we will be able to resume our own cervical smear analysis and the results will again be available within three weeks.

A total of 1257 smears were taken (see Table 8-5.1) and 95% were shown to be normal. 23 women were referred to the gynaecologists for pre-cancerous conditions and 17 women were found to have other gynaecological problems and were referred to their own doctors for treatment as necessary.

A total of 1381 women attended for blood pressure checks, breast examinations and urine tests and 119 (9%) had some abnormalities and were referred to their own doctors for treatment as necessary (see Table 8- 5.2).

Women between the ages of 50 and 64 years were advised to attend the breast screening service for routine mammograms. Hormone replacement therapy was discussed with women, and they were advised to consult their own doctors if necessary for this treatment.

6. Mammography Screening Service

This service has been operating at Le Bas Centre since the beginnning of 1990. It is recommended that every woman between the ages of 50 and 64 years should attend for regular breast screening, as this is the best way of discovering breast cancer at an early stage before the woman is aware of any signs or symptoms, and when there is a good chance that she will make a full recovery.

A total of 1867 women attended for mammograms during 1993, making a grand total of 6358 since the service started. 4543 were first time attenders (see Table 8-6.1). 324 women (5%) have been recalled for further X-rays at the General Hospital, with 73 of these being referred for surgery.

As cancers may develop during the three yearly screening intervals, a decision will be made in 1994 to reduce the three yearly interval to a two yearly recall. However, women in this age group are advised that, as well as undergoing screening, they should also carry out regular self-examination of their breasts as this can add another 5% to the detection rate.

7. Genito-Urinary (Special) Clinic

The figures for 1992 and 1993 are broadly similar. The last few years have seen that the peak in the late 80s has declined and attendances are levelling off. Perhaps these current figures are the levels we shall be seeing for the next few years. Sex education for Jersey residents seems to be working as exemplified by the increased number of HIV tests and the virtual abolition of gonorrhoea. Chlamydia figures appear to have risen and non specific urethritis fallen - but a more confident pathology report on the equivocal cases could account for this.

However, we do of course remain entirely vulnerable to all varieties of sexually transmitted diseases (STD) imported by various visitors, and this is where our own Health Education Service seems to be doing well. There is undoubted awareness of safer sex policies locally, even though the visitors may not have been so well informed.

Sexual Health

Sexually transmitted diseases are among the most common causes of illness in the world. Although the exact size of the problem is unknown, it is estimated that there is at least one consultation per 100 persons per year in the industralised countries, whilst in many developing countries STD rank among the top five diseases for which health care services are sought.

The morbidity resulting from STD makes severe demands on the human and economic resources of communities. Pelvic inflammatory disease can result in infertility, ectopic pregnancy and chronic pelvic pain. Urethral stricture and cervical cancer often result from failure to diagnose and treat STD at an early stage.

Some 20 micro-organisms are predominently or commonly transmitted by sexual activity. These have been joined during the past decade by the human immunodeficiency virus (HIV) which leads to AIDS, an ultimately fatal disease. The close relationship between HIV infection and the other STD facilitates the transmission and acquisition of HIV during sexual contact.

General Principles of STD Control

The main aims of STD control are:

1. To interrupt the transmission of sexually transmitted infections

2. To prevent the development of STD and their consequences.

This can be accomplished by:

1. Reducing disease exposure by advising individuals at risk to avoid sexual contact with persons who have a high probability of being infected;

2. Preventing infection by promoting the use of condoms or other prophylactic barriers;

3. Detecting and curing disease by providing effective and efficient diagnostic and treatment facilities, and promoting health-seeking behaviour;

4. Limiting the complications of infection by providing early and effective treatment for both symptomatic and asymptomatic patients and their contacts.

Strategies for STD Control

These are disease detection, treatment, health education, management of sexual contacts and partner notification.

Disease Detection

1. Screening, e.g. serological screening for HIV in blood donors

2. Case finding, i.e. detection of infection in individuals seeking health care for other reasons, e.g. serological tests for Syphillis in antenatal clinics

3. Diagnosis, i.e. detection of the cause of infection in individuals who present with symptoms and signs presumed to be caused by STD pathogens.

Treatment

The application of drugs, surgical procedures and other interventions to cure the patient's disease or ameliorate the symptoms. STD treatment usually refers to the use of antimicrobial regimens. The selection of an appropriate drug is determined by:

1. Efficacy, i.e. the ability to cure the disease

2. Safety, i.e. absence of toxicity or side effects

3. Convenience and compliance, i.e. the ease with which the drug can be administered and the patient receive it and complete the course of treatment

4. The cost and availability of the drug.

Health Education

This strategy is based on:

1. Information, i.e. activities that increase individual and community awareness and knowledge of STD

2. Education, i.e. efforts aimed at producing positive changes in attitudes and behaviour regarding STD

3. Counselling, i.e. this aims at increasing compliance with a clinician's advice on
   (a) treatment
   (b) avoidance of re-exposure
   (c) risk reduction
   (d) consistent use of condoms by risk takers
   (e) active collaboration in the referral of sexual partners

Therefore, health education is a mainstay of patient management.

Management of Sexual Contacts

This could be a direct result of patient counselling, which may motivate the patient to assume an active role in bringing contacts for evaluation and treatment, or it may be implemented as an active search for STD contacts by health personnel. The managment of STD patients must include the management of known contacts, in particular the regular sex partner (husband/wife) and the source of infection. This often involves giving full treatment regimens to all sexual contacts.

Partner notification, i.e. the partners of those identified as having an STD, are traced, informed of their probable exposure to infection and offered medical and counselling services.

Patient referral, i.e. an infected patient is encouraged to notify partners of their possible infection without the direct involvement of health care providers. The patient may:
(a) provide the partner with information
(b) accompany the partner to the clinic
(c) simply hand over a contact card.

Provider referral, i.e. health care workers notify a patient's partners confidentially, following information given by the patient.

Clinical Services

These clinical services are provided at a designated clinic which provides the necessary privacy for consultation.

The clinician tries to provide adequate management by
- Detecting or ruling out disease
- Giving treatment, if necessary
- Counselling the patient regarding disease prevention
- Advising the patient on treatment compliance
- Ensuring that the patient's contacts are evaluated and treated.

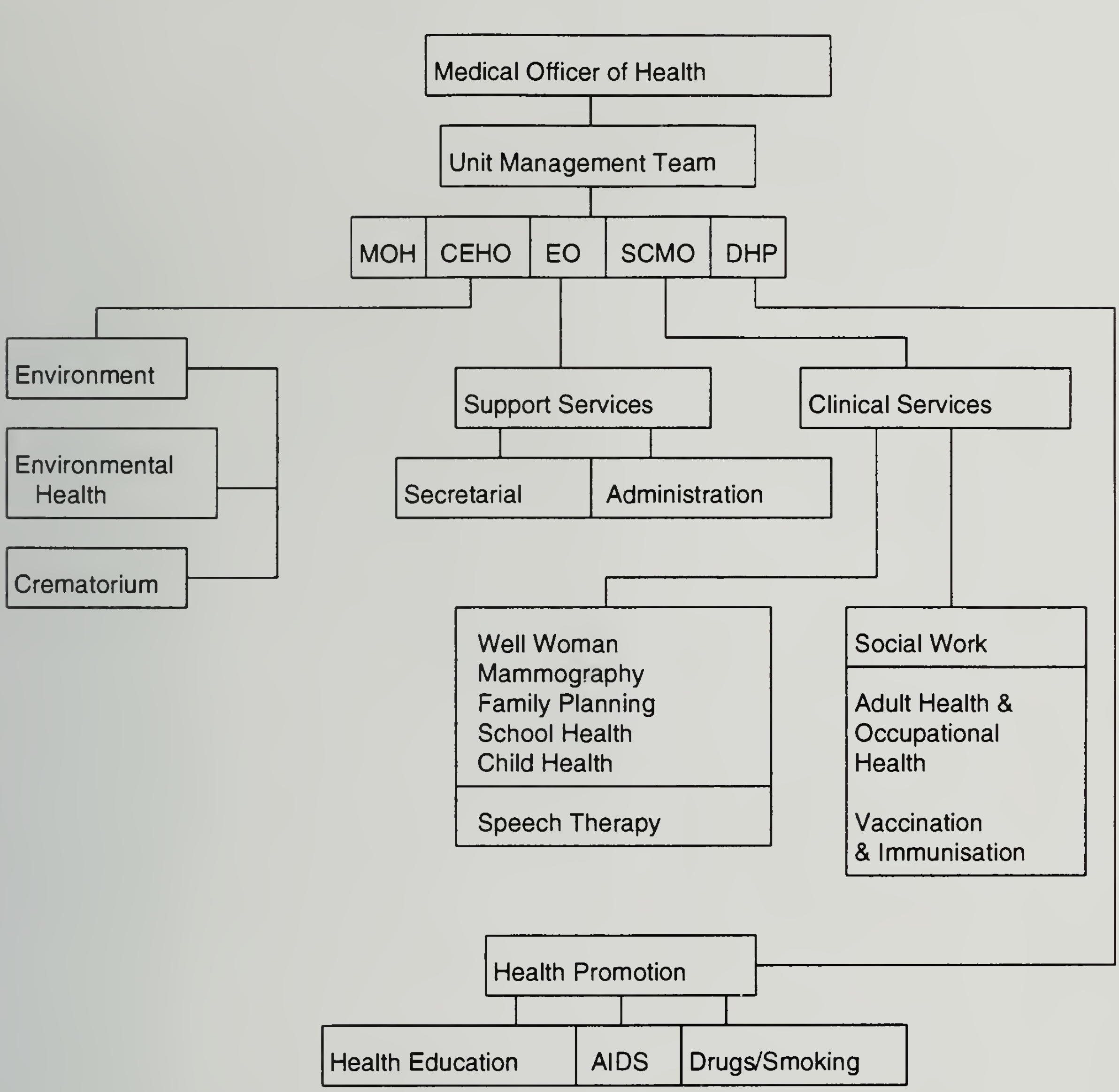
It must be realised that the treatment of a case is only part of the proper management of STD and its control. The identification and treatment of sexual contacts, who are frequently asymptomatic, is important in limiting disease transmission in the community, and in preventing reinfection and development of complications.

Section 1 - Structure of the Community Health Service

1-1 Structure of staffing within the Community Health Service 23

TABLE 1 - 1

STRUCTURE OF STAFFING WITHIN THE COMMUNITY HEALTH SERVICE



MOH	**Medical Officer of Health**	**Dr Richard Grainger**
SCMO	**Senior Clinical Medical Officers**	**Dr Gwyn Llewellin** **Dr Susan Foster**
CEHO	**Chief Environmental Health Officer**	**Mr Tony Littlewood**
EO	**Executive Officer/Manager**	**Miss Jean Kernaghan**
DHP	**Director of Health Promotion**	**Mr Jim Hollywood**

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2-5 Graph - population figures 1921 - 1993 29

STATISTICAL SUMMARY

TABLE 2 - 1

Vital Statistics 1993

Area (acres)	28,717
Population (estimated year-end residents)	84,752
Deaths (excluding visitors to the Island)	949
Deaths of visitors in the Island	42
Death rate per 1,000 estimated population	11.2
Standardised death rate	10.9
Live births	1,057
Live births rate per 1,000 estimated population	12.47
Illegitimate live births	219
Illegitimate live births as a percentage of total live births	20.7
Stillbirths	5
Stillbirth rate per 1,000 live births (total)	4.7
Total live and stillbirths	1,063
Abortions (UK) 1992	250
Infant deaths	7
Infant mortality rate per 1,000 live births (total)	6.6
Neo-natal mortality rate (first four weeks) per 1,000 live births	3.8
Early neo-natal mortality rate (first week) per 1,000 live births	3.8
Peri-natal mortality rate (stillbirths plus deaths during first week) per 1,000 live and stillbirths	8.5
Malignant disease (cancer) (all forms) mortality rate per 1,000 estimated population	2.86
Tuberculosis (all forms) mortality rate per 1,000 estimated population	0.02

TABLE 2 - 2

Resident Population of Jersey - Census 1991

Age Group	Male	Female	TOTAL
0 - 4	2,450	2,321	4,771
5 - 9	2,151	2,051	4,202
10 - 14	2,016	2,027	4,043
15 - 19	2,340	2,297	4,637
20 - 24	3,830	4.023	7,853
25 - 29	4,166	4,299	8,465
30 - 34	3,626	3,593	7,219
35 - 39	3,147	3,225	6,372
40 - 44	3,266	3,240	6,506
45 - 49	2,535	2,536	5,071
50 - 54	2,526	2,406	4,932
55 - 59	2,194	2,099	4,293
60 - 64	1,867	1,941	3,808
65 - 69	1,611	1,854	3,465
70 - 74	1,160	1,602	2,762
75 - 79	1,019	1,531	2,550
80 - 84	611	1,176	1,787
85 - 89	259	670	929
90 - 94	78	260	338
95 - 99	7	58	65
100 +	3	11	14
TOTAL	40,862	43,220	84,082

TABLE 2 - 3

Estimated year-end resident population - 1993

	Males	Females	Totals
Resident population: midnight, 10th March 1991 - Census	40,862	43,220	84,082
Births: 11th March 1991 to 31st December 1993	1,585	1,468	3,053
	42,447	44,688	87,135
Deaths: 11th March 1991 to 31st December 1993	1,150	1,233	2,383
Estimated year-end resident population	41,297	43,455	84,752

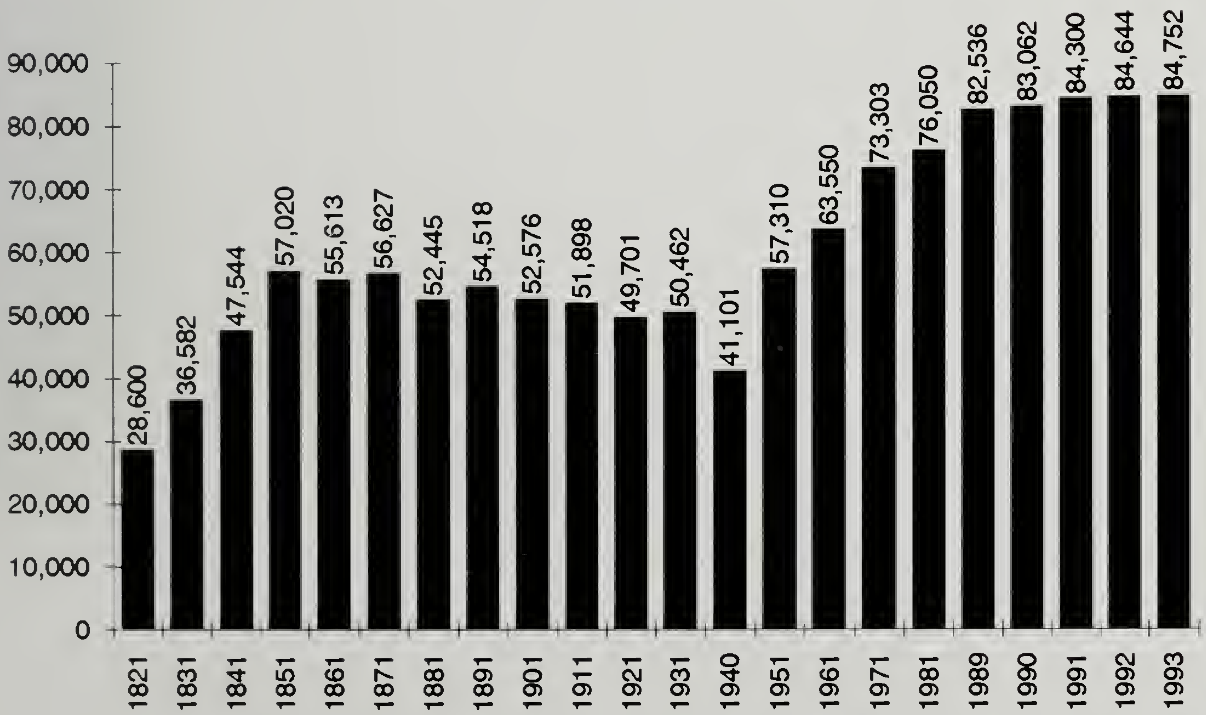
TABLE 2 - 4

Total population of Jersey 1821 - 1993

YEAR	Males	Females	TOTAL
1821	13,056	15,544	28,600
1831	17,006	19,576	36,582
1841	21,602	25,942	47,544
1851	26,238	30,782	57,020
1861	24,843	30,770	55,613
1871	24,875	31,752	56,627
1881	23,485	28,960	52,445
1891	24,965	29,553	54,518
1901	23,940	28,636	52,576
1911	24,014	27,884	51,898
1921	22,438	27,263	49,701
1931	23,424	27,038	50,462
1940	18,766	22,335	41,101
1951	27,291	30,019	57,310
1961	30,715	32,835	63,550
1971	36,167	37,136	72,303
1981	36,496	39,554	76,050
1989	39,954	42,582	82,536
1990	40,263	42,799	83,062
1991	41,008	43,292	84,300
1992	41,215	43,429	84,644
1993	41,297	43,455	84,752

TABLE 2 - 5

Population Graph 1821 - 1993



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BIRTHS

TABLE 3 - 1

Live birth and illegitimate birth rates 1971 - 1993

Year	Total Live Births	Crude birth rate per 1,000 est. population	Illegitimate births	Illegitimate live births per cent of total live births
1971	984	13.7	91	9.5
1981	857	11.3	71	8.3
1989	1,074	13.0	170	15.8
1990	1,112	13.4	180	16.2
1991	1,057	12.5	169	16.0
1992	1,137	13.4	194	17.0
1993	1,057	12.5	219	20.7

TABLE 3 - 2

Live births by sex, legitimacy and parity (birth order) - 1993

Position in family	MALES				FEMALES				Totals	%. of Totals
	Full-Term		Premature		Full-Term		Premature			
	Leg.	Illeg	Leg.	Illeg	Leg.	Illeg	Leg.	Illeg		
1st	198	62	19	4	163	92	13	10	561	53.1
2nd	155	16	12	2	131	16	8	1	341	32.3
3rd	62	2	2	0	44	6	1	0	117	11.0
4th	9	4	0	0	11	3	0	0	27	2.6
5th +	2	0	1	0	6	1	1	0	11	1.0
TOTALS	426	84	34	6	355	118	23	11	1,057	100.0%.

TABLE 3 - 3

Live births by sex, legitimacy and age of mother - 1993

Maternal age group (years)	MALES		FEMALES		Totals	%. of Totals
	Leg	Illeg	Leg	Illeg		
Under 15	0	1	0	0	1	0.1
15-19	7	13	4	25	49	4.6
20-24	51	29	44	46	170	16.1
25-29	167	22	120	25	334	31.6
30-34	160	21	134	22	337	31.9
35-39	64	3	67	8	142	13.4
40-44+	11	1	9	3	24	2.3
TOTALS	460	90	378	129	1,057	100.0%.

TABLE 3 - 4

Live births by sex, parity (birth order) and age of mother - 1993

Age Groups (Years)	POSITION IN FAMILY										Totals	%. of Totals
	MALES					FEMALES						
	1st	2nd	3rd	4th	5th+	1st	2nd	3rd	4th	5th+		
Under15	1	0	0	0	0	0	0	0	0	0	1	0.1
15-19	16	4	0	0	0	28	0	1	0	0	49	4.6
20-24	53	17	9	1	0	64	21	4	1	0	170	16.1
25-29	108	61	15	4	1	81	48	11	4	1	334	31.6
30-34	83	73	19	4	2	74	56	18	5	3	337	31.9
35-39	21	22	21	3	0	25	30	15	2	3	142	13.4
40-44+	1	8	2	1	0	6	1	2	2	1	24	2.3
TOTALS	283	185	66	13	3	278	156	51	14	8	1,057	100.0%.

TABLE 3 - 5

Jersey residents - abortions in England and Wales - 1987 - 1992

AGE	1987	1988	1989	1990	1991	1992	TOTAL
- 19	43	65	63	55	51	36	**313**
20 - 24	118	118	125	116	116	99	**692**
25 - 29	67	80	79	84	80	63	**453**
30 - 34	25	27	33	29	28	24	**166**
35 +	34	23	22	39	32	28	**178**
TOTAL	**287**	**313**	**322**	**323**	**307**	**250**	**1,802**

TABLE 3 - 6

Jersey residents - births and abortions - 1992

Age	Abortions	Live Births	Total Conceptions*	% Conceptions Aborted
15 - 19	36	37	73	49·3
20 - 24	99	173	272	36·4
25 - 29	63	401	464	13·5
30 - 34	24	364	388	6·2
35 +	28	162	190	14·7
Total	**250**	**1,137**	**1,387**	**18·0**

*** Jersey live births plus abortions performed in the U.K.**

TABLE 3 - 7

Stillbirths and stillbirth rates 1971 - 1993

Year	No of Stillbirths	Rate per 1,000 Live and Stillbirths
1971	11	11.1
1981	1	1.2
1989	2	1.9
1990	6	5.4
1991	3	2.8
1992	6	5.2
1993	5	4.7

TABLE 3 - 8

Notification of low weight live and stillbirths by weight and mortality - 1993

Weight group	Low weight live births	Deaths within 24 hrs of birth	All deaths within 28 days of birth	Low weight stillbirths
0 - 500g	1	1	1	0
501- 1000g	5	2	3	1
1001-1500g	4	0	0	0
1501-2000g	20	0	0	1
2001-2500g	41	0	0	0
All babies of 2500g or less	**71**	**3**	**4**	**2**

TABLE 3 - 9

Birth and Death Rate Graph

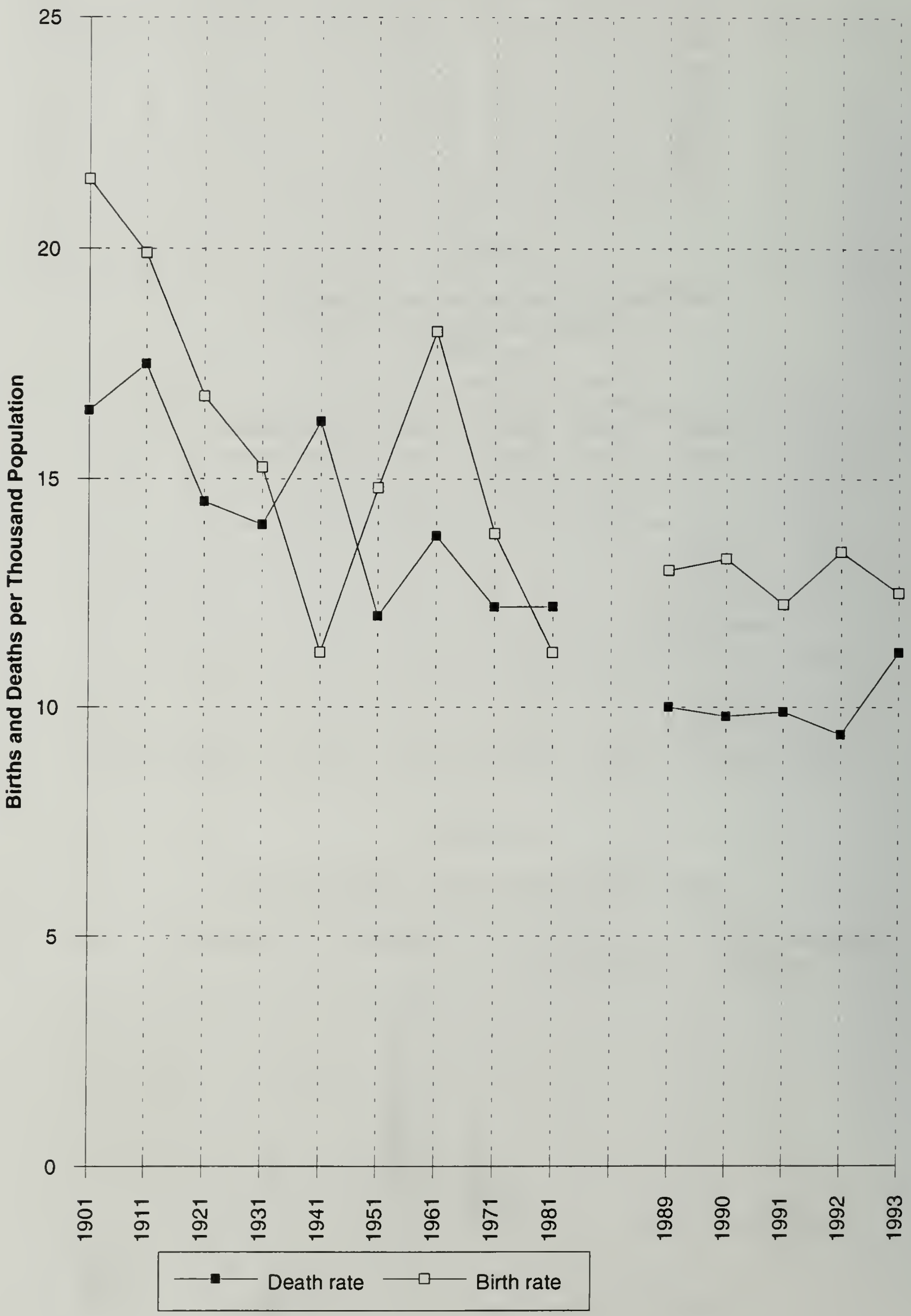

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TABLE 4 - 1

Deaths and death rates 1961 - 1993

Year	Number of Deaths			Crude death rate per 1000 estimated population	Standardised death rate
	Males	Females	Total		
1961	437	388	825	13.9	12.3
1971	481	400	881	12.2	10.9
1981	491	438	929	12.2	11.8
1989	398	429	827	10.0	9.7
1990	390	410	800	9.6	9.3
1991	381	451	832	9.9	9.6
1992	391	402	793	9.4	9.1
1993	468	481	949	11.2	10.9

TABLE 4 - 2

Percentage of total deaths occurring at certain ages and average age at death 1961 - 1993

	Under 40 years			40 - 49 years			50 - 59 years			60 - 64 years			65 years and upwards			75 years and upwards			Average age at death (yr)		
Year	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
1961	10.8	5.8	8.3	5.3	3.4	4.3	14.0	7.5	10.7	8.5	4.4	6.4	61.6	79.1	70.3	36.4	57.2	46.8	64	72	69
1971	7.5	1.8	4.7	4.6	2.8	3.7	11.6	6.5	9.1	11.6	5.3	8.4	64.4	83.8	74.1	32.4	62.0	47.2	66	76	71
1981	5.5	2.5	4.0	5.1	3.4	4.3	8.1	6.8	7.4	9.4	4.6	7.0	71.9	82.6	77.3	36.3	63.0	49.6	69	77	73
1989	4.8	2.1	3.4	5.5	2.1	3.8	8.5	5.6	7.0	6.3	3.3	4.7	74.9	86.9	81.1	51.0	69.5	60.3	71	78	74
1990	5.4	2.9	4.2	3.8	1.2	2.5	8.7	5.6	7.1	7.2	5.1	6.1	74.9	85.1	80.1	50.0	70.9	60.7	71	79	75
1991	3.4	2.0	2.6	4.5	2.0	3.1	8.4	6.2	7.2	7.6	4.0	5.6	76.1	85.4	81.4	49.9	70.3	60.9	71	78	75
1992	2.3	2.0	2.1	3.8	3.0	3.4	7.9	5.0	6.4	8.4	3.7	6.5	77.5	86.3	82.0	52.4	67.4	60.0	72	78	75
1993	4.5	3.5	4.0	4.5	2.7	3.6	7.5	3.5	5.5	9.8	5.2	7.5	73.7	85.0	79.4	53.4	71.9	62.8	72	78	75
Ave. 1961 - 70	8.1	5.6	6.8	5.6	3.3	4.4	13.6	7.8	10.7	11.8	6.4	9.1	61.8	77.0	69.4	35.2	56.2	45.7	66	72	69
Ave. 1971 - 80	5.5	2.8	4.2	4.1	2.4	3.3	12.0	7.3	9.7	10.5	6.3	8.4	67.8	81.0	74.4	37.2	59.5	48.3	68	75	71
Ave. 1981 - 90	4.7	2 5	3.6	3.8	2.3	3.1	9.6	7.0	7.8	9.2	5.1	7.2	72.7	83.9	78.3	45.3	65.1	55.2	70	76	73

TABLE 4 - 3

Deaths of infants within first year of life - 1993

Age at Death							
Under 7 days		7-28 days		1-12 months		TOTALS	
M	F	M	F	M	F	M	F
1	3	0	0	1	2	2	5

TABLE 4 - 4

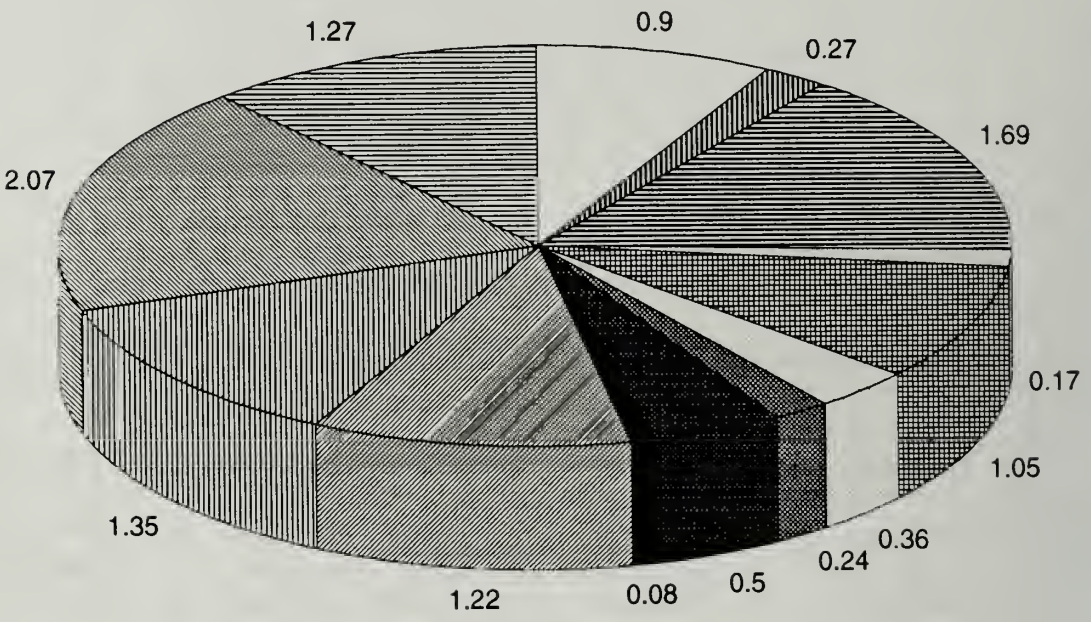
Maternal and infant deaths and mortality rates 1971 - 1993

Year	Maternal		Peri-Natal		Early Neo-Natal		Neo-natal		TOTAL	
	Deaths	Rate per 1,000 total live and stillbirths	Deaths	Rate per 1,000 total live and stillbirths	Deaths	Rate per 1,000 live births	Deaths	Rate per 1,000 live births	Deaths	Rate per 1,000 live births
1971	1	1.0	23	23.1	12	12.2	13	14.2	18	18.3
1981	-	-	5	5.8	4	4.7	5	5.8	7	8.2
1989	-	-	5	4.6	3	2.8	3	2.8	4	3.7
1990	-	-	10	8.9	4	3.6	5	4.5	7	6.3
1991	-	-	6	5.7	3	2.8	3	2.8	6	5.7
1992	-	-	7	6.1	1	0.88	-	-	3	6.2
1993	-	-	9	8.5	4	3.8	4	3.8	7	6.6

TABLE 4 - 5

Deaths from Principal Causes

Total death rate = 11.2 per 1000 population



	Rate per thousand	Percentage of Total Deaths
□ malignant neoplasms of trachea bronchus & lung	0.9	8
▥ malignant neoplasms of the breast	0.27	2.4
▤ other malignant neoplasms	1.69	15.2
□ suicide	0.17	1.5
▦ other circulatory disease	1.05	9.4
□ digestive disease	0.36	3.3
▩ all other accidents	0.24	2.2
■ other respiratory disease	0.5	4.4
■ bronchitis emphysema & asthma	0.08	0.7
▨ pneumonia	1.22	11
▥ cerebrovascular disease	1.35	12.1
▧ ischaemic disease	2.07	18.4
▤ all other causes	1.27	11.4

TABLE 4 - 6

Deaths (exclusive of foetal deaths), cross-classified by cause and sex registered 1991 - 1993

	1991			1992			1993		
	M	F	T	M	F	T	M	F	T
GROUP I - Infective and parasitic diseases	2	3	5	2	3	5	2	7	9
GROUP II - Neoplasms	125	110	235	125	112	237	137	106	243
GROUP III - Endocrine, nutritional and metabolic diseases	3	5	8	3	4	7	7	2	9
GROUP IV - Diseases of the blood and blood forming organs	2	1	3	2	3	5	-	3	3
GROUP V - Mental disorders	2	1	3	1	1	2	5	3	8
GROUP VI - Diseases of the nervous system and sense organs	2	6	8	3	1	4	3	6	9
GROUP VII - Diseases of the circulatory system	145	192	337	144	137	281	180	199	379
GROUP VIII - Diseases of the respiratory system	57	64	121	65	80	145	73	80	153
GROUP IX - Diseases of the digestive system	12	18	30	18	17	35	11	20	31
GROUP X - Diseases of the genito-urinary system	8	7	15	5	8	13	10	13	23
GROUP XI - Complications of pregnancy, child-birth and the puerperium	-	-	-	-	-	-	-	-	-
GROUP XII - Diseases of the skin and subcutaneous tissue	1	-	1	-	-	-	-	2	2
GROUP XIII - Diseases of the musculoskeletal system and connective tissue	-	4	4	-	2	2	1	1	2
GROUP XIV - Congenital anomalies	-	1	1	-	1	1	1	2	3
GROUP XV - Certain causes of perinatal mortality	2	1	3	-	1	1	1	3	4
GROUP XVI - Symptoms and ill defined conditions	7	23	30	6	23	29	13	23	36
GROUP XVII - Accidents, poisoning and violence	13	15	28	17	9	26	24	11	35
TOTAL	381	451	832	391	402	793	468	481	949

TABLE 4 - 7

Deaths (exclusive of foetal deaths) cross-classified by cause, sex and age registered during 1993 - MALE

	MALE																	
	All Ages	Under 1 year	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
GROUP 1 - INFECTIVE & PARASITIC DISEASES																		
Tuberculosis of Respiratory Organs	1																	1
Other Viral Diseases	1															1		
TOTALS	**2**															**1**		**1**
GROUP 2 - NEOPLASMS																		
Leukaemia	1													1				
Malignant neoplasm of bladder	6												1		1	2		2
Malignant neoplasm of buccal cavity & pharynx	3														1	1	1	
Malignant neoplasm of gall bladder	1																1	
Malignant neoplasm of intestine, except rectum	8														2	1	1	4
Malignant neoplasm of kidney	3														1			2
Malignant neoplasm of larynx	1															1		
Malignant neoplasm of liver	2										1							1
Malignant neoplasm of oesophagus	6											1	1	1			2	1
Malignant neoplasm of other & unspecified areas	2												1				1	
Malignant neoplasm of pancreas	5												1			2		2
Malignant neoplasm of prostate	17																4	13
Malignant neoplasm of rectum & rectosigmoid junction	4										1						1	2
Malignant neoplasm of skin	5												1			1	2	1
Malignant neoplasm of stomach	4									1						1		2
Malignant neoplasm of trachea, bronchus & lung	56											1	3	4	11	5	4	28
Malignant neoplasm, primary unknown	9												1	1	1	3	1	2
Other neoplasms of lymphatic & haemotopoietic tissue	4														1	1		2
TOTALS	**137**									**1**	**2**	**2**	**9**	**7**	**18**	**18**	**18**	**62**

TABLE 4 - 7

Deaths (exclusive of foetal deaths) cross-classified by cause, sex and age registered during 1993 - MALE

	MALE																	
	All Ages	Under 1 year	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
GROUP 3 - ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES																		
Diabetes Mellitus	5																2	3
Other endocrine & metabolic diseases	2															1		1
TOTALS	**7**															**1**	**2**	**4**
GROUP 5 - MENTAL DISORDERS																		
Psychoses	5															2		3
TOTALS	**5**															**2**		**3**
GROUP 6 - DISEASES OF THE NERVOUS SYSTEM & SENSE ORGANS																		
Multiple sclerosis	1										1							
Other diseases of nervous system & sense organs	2																2	
TOTALS	**3**										**1**						**2**	
GROUP 7 - DISEASES OF THE CIRCULATORY SYSTEM																		
Cerebrovascular disease	45											1	1		5	1	5	32
Chronic rheumatic heart disease	2																	2
Diseases of arteries, arterioles & capillaries	12															1		11
Hypertensive disease	4															1		3
Ischaemic heart disease	100								1		3	4	1	6	17	9	9	50
Other forms of heart disease	14				1							1	1	1	2	2		6
Venous thrombosis & embolism	3														1	1	1	
TOTALS	**180**				**1**				**1**		**3**	**6**	**3**	**7**	**25**	**15**	**15**	**104**

TABLE 4 - 7

Deaths (exclusive of foetal deaths) cross-classified by cause, sex and age registered during 1993 - MALE

	MALE																	
	All Ages	Under 1 year	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
GROUP 8 - DISEASES OF THE RESPIRATORY SYSTEM																		
Acute respiratory infections	1																	1
Bronchitis, emphysema & asthma	3													1		2		
Influenza	1															1		
Other diseases of the respiratory system	24						1									2	5	16
Other pneumonia	41												1		1	3	3	33
Viral pneumonia	3	1	1										1					
TOTALS	**73**	**1**	**1**				**1**						**2**	**1**	**1**	**8**	**8**	**50**
GROUP 9 - DISEASES OF THE DIGESTIVE SYSTEM																		
Cholelithiesis and cholecystitis	1																	1
Cirrhosis of liver	1												1					
Intestinal obstruction and hernia	1																	1
Other diseases of digestive system	5									1		1					1	2
Peptic ulcer	3												1				1	1
TOTALS	**11**									**1**		**1**	**2**				**2**	**5**
GROUP 10 - DISEASES OF THE GENITO-URINARY SYSTEM																		
Infections of kidney	1																	1
Other diseases of the genito-urinary system	3																1	2
Other nephritis & nephrosis	6																	6
TOTALS	**10**																**1**	**9**
GROUP 13 - DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE																		
Arthritis and spondylitis	1															1		
TOTALS	**1**															**1**		

TABLE 4 - 7

Deaths (exclusive of foetal deaths) cross-classified by cause, sex and age registered during 1993 - MALE

	MALE																	
	All Ages	Under 1 year	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
GROUP 14 - CONGENITAL ABNORMALITIES																		
Congenital anomalies of heart	1		1															
TOTALS	**1**		**1**															
GROUP 15 - CERTAIN CAUSES OF PERINATAL MORTALITY																		
Anoxic and hypoxic conditions not elsewhere classified	1	1																
TOTALS	**1**	**1**																
GROUP 16 - SYMPTOMS & ILL-DEFINED CONDITIONS																		
Senility without mention of psychosis	10																	10
Symptoms & other ill-defined conditions	3															1		2
TOTALS	**13**															**1**		**12**
GROUP 17 - ACCIDENTS, POISONINGS & VIOLENCE																		
Accident caused by firearm missiles	1															1		
Accidental drowning & submersion	2					1				1								
Accidental falls	5						1				2	1		1				
Accidential poisoning	1												1					
All other accidents	2											1			1			
Homicide and injury purposely inflicted by other persons; legal intervention	3			1	1				1									
Motor vehicle accidents	1									1								
Suicide & self-inflicted injury	9						1	2		1	1	1	1	1	1			
TOTALS	**24**			**1**	**1**	**1**	**2**	**2**	**1**	**3**	**3**	**3**	**2**	**2**	**2**	**1**		
ALL CAUSES	**468**	**2**	**3**	**1**	**2**	**1**	**3**	**2**	**2**	**5**	**9**	**12**	**18**	**17**	**46**	**47**	**48**	**250**

TABLE 4 - 8

Deaths (exclusive of foetal deaths) cross-classified by cause, sex and age registered during 1993 - FEMALE

	FEMALE																	
	All Ages	Under 1 year	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
GROUP 1 - INFECTIVE & PARASITIC DISEASES																		
Enteritis and other diarrhoeal diseases	2																	2
Tuberculosis of respiratory organs	1									1								
Other Bacterial Diseases	3																	3
All other infective and parasitic diseases	1																1	
TOTALS	**7**									**1**							**1**	**5**
GROUP 2 - NEOPLASMS																		
Benign neoplasms and neoplasms of unspecified nature	1																	1
Leukaemia	2																	2
Malignant neoplasm of bone	2									1	1							
Malignant neoplasm of breast	23									3		1	2		4	2	2	9
Malignant neoplasm of buccal cavity and pharynx	1														1			
Malignant neoplasm of cervix uteri	8									1	1				1		4	1
Malignant neoplasm of gall bladder	1																	1
Malignant neoplasm of intestine, except rectum	9													1		1		7
Malignant neoplasm of oesophagus	5																1	4
Malignant neoplasm of other & unspecified areas	2																1	1
Malignant neoplasm of ovary	7												1			1	1	4
Malignant neoplasm of pancreas	1																1	
Malignant neoplasm of skin	2												1					1
Malignant neoplasm of stomach	5										1						2	2
Malignant neoplasm of thyroid	1																	1
Malignant neoplasm of trachea, bronchus & lung	20													1	5	2	5	7
Malignant neoplasm, primary unknown	3																	3
Malignant neoplasm of uterus	3														2		1	
Malignant neoplasm of vagina	1																1	
Other neoplasms of lymphatic & haemotopoietic tissue	9										1	1		2		1	1	3
TOTALS	**106**									**5**	**4**	**2**	**4**	**4**	**13**	**7**	**20**	**47**
GROUP 3 - ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES																		
Diabetes Mellitus	2															1		1
TOTALS	**2**															**1**		**1**

TABLE 4 - 8

Deaths (exclusive of foetal deaths) cross-classified by cause, sex and age registered during 1993 - FEMALE

	FEMALE																	
	All Ages	Under 1 year	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
GROUP 4 - DISEASES OF THE BLOOD & BLOOD FORMING ORGANS																		
Anaemias	3																	3
TOTALS	**3**																	**3**
GROUP 5 - MENTAL DISORDERS																		
Psychoses	3																1	2
TOTALS	**3**																**1**	**2**
GROUP 6 - DISEASES OF THE NERVOUS SYSTEM & SENSE ORGANS																		
Epilepsy	2														1			1
Other diseases of nervous system & sense organs	4																1	3
TOTALS	**6**														**1**		**1**	**4**
GROUP 7 - DISEASES OF THE CIRCULATORY SYSTEM																		
Cerebrovascular disease	70							1		1					1	2	3	62
Chronic rheumatic heart disease	6														2			4
Diseases of arteries, arterioles & capillaries	11													2	1			8
Hypertensive disease	7													1	1		3	2
Ischaemic heart disease	75											2		1	3	4	5	60
Other forms of heart disease	22								1							1		20
Venous thrombosis & embolism	8																1	7
TOTALS	**199**							**1**	**1**	**1**		**2**		**4**	**8**	**7**	**12**	**163**

TABLE 4 - 8

Deaths (exclusive of foetal deaths) cross-classified by cause, sex and age registered during 1993 - FEMALE

	FEMALE																	
	All Ages	Under 1 year	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
GROUP 8 - DISEASES OF THE RESPIRATORY SYSTEM																		
Bronchitis, emphysema & asthma	4						1							1				2
Empyema and abscess of lung	1														1			
Influenza	1																	1
Other diseases of respiratory system	11															3		8
Other pneumonia	63														1	1	2	59
TOTALS	**80**						**1**							**1**	**2**	**4**	**2**	**70**
GROUP 9 - DISEASES OF THE DIGESTIVE SYSTEM																		
Cirrhosis of liver	7										1	1	1	2				2
Intestinal obstruction & hernia	5																	5
Other diseases of digestive system	6												1		1		1	3
Peptic ulcer	2															1		1
TOTALS	**20**										**1**	**1**	**2**	**2**	**1**	**1**	**1**	**11**
GROUP 10 - DISEASES OF THE GENITO-URINARY SYSTEM																		
Infections of kidney	1																	1
Other diseases of genito-urinary system	5																	5
Other nephritis & nephrosis	7																2	5
TOTALS	**13**																**2**	**11**
GROUP 12 - DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE																		
Infections of skin and subcutaneous tissue	1																	1
Other diseases of skin and subcutaneous tissue	1																	1
TOTALS	**2**																	**2**
GROUP 13 - DISEASES OF THE MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE																		
Arthritis & spondylitis	1																	1
TOTALS	**1**																	**1**

TABLE 4 - 8

Deaths (exclusive of foetal deaths) cross-classified by cause, sex and age registered during 1993 - FEMALE

	FEMALE																	
	All Ages	Under 1 year	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
GROUP 14 - CONGENITAL ABNORMALITIES																		
Congenital anomalies of heart	2	2																
TOTALS	**2**	**2**																
GROUP 15 - CERTAIN CAUSES OF PERINATAL MORTALITY																		
Other causes of perinatal morbidity & mortality	3	3																
TOTALS	**3**	**3**																
GROUP 16 - SYMPTOMS & ILL-DEFINED CONDITIONS																		
Senility without mention of psychosis	20																	20
Symptoms & other ill-defined conditions	3																	3
TOTALS	**23**																	**23**
GROUP 17 - ACCIDENTS, POISONINGS & VIOLENCE																		
Accidental poisoning	2										2							
All other accidents	2							1										1
Homicide and injury purposely inflicted by other persons; legal intervention	1									1								
Injury undetermined whether accidentally or purposely inflicted	1															1		
Suicide & self-inflicted injury	5											1				1	1	2
TOTALS	**11**							**1**		**1**	**2**	**1**				**2**	**1**	**3**
ALL CAUSES	**481**	**5**					**1**	**2**	**1**	**8**	**7**	**6**	**6**	**11**	**25**	**22**	**41**	**346**

TABLE 4 - 9

Years of life lost by some causes of death - 1993

Years of life lost up to the age of 75 were calculated by subtracting the actual age at death from age 75
The following table shows the breakdown by cause of death and years lost for males and females.

CAUSE OF DEATH	No. of males deceased	No. of years lost	No. of females deceased	No. of years lost	Total M & F deceased	Total No years lost
Malignant Neoplasm of buccal cavity & pharynx	3	23	1	13	4	36
Malignant neoplasm of oesophagus	6	74	5	3	11	77
Malignant neoplasm of stomach	4	45	5	39	9	84
Malignant neoplasm of intestine, except rectum	8	33	9	26	17	59
Malignant neoplasm of rectum & rectosigmoid junction	4	34	-	-	4	34
Malignant neoplasm of larynx	1	9	-	-	1	9
Malignant neoplasm of trachea, bronchus & lung	56	362	20	108	76	470
Malignant neoplasm of bone	-	-	2	72	2	72
Malignant neoplasm of skin	5	38	2	25	7	63
Malignant neoplasm of breast	-	-	23	257	23	257
Malignant neoplasm of cervix uteri	-	-	8	99	8	99
Other malignant neoplasms of uterus	-	-	3	30	3	30
Malignant neoplasm of prostate	17	14	-	-	17	14
Malignant neoplasm of other & unspecified sites	28	239	17	39	45	278
Leukaemia	1	17	2	-	3	17
Other neoplasms of lymphatic & haemotopoietic tissue	4	20	9	108	13	128
ALL MALIGNANT NEOPLASMS	**137**	**908**	**106**	**819**	**243**	**1,727**
Ischaemic heart disease	100	704	75	154	175	858
Cerebrovascular disease	45	136	70	122	115	258
Diseases of arteries, arterioles & capillaries	12	7	11	49	23	56
Motor vehicle accidents	1	40	-	-	1	40
Suicide & self-inflicted injury	9	296	5	40	14	336
TOTALS	304	2,091	267	1,184	571	3,275

TABLE 4 - 10

Some causes of death with their distribution by sex, rate per 1,000 population, and percentage of total deaths - 1993

	No. of Deaths			Rate per 1,000 Population			%. of Total Deaths		
	M	F	T	M	F	T	M	F	T
NEOPLASMS	**137**	**106**	**243**	**3.31**	**2.43**	**2.86**	**29.3**	**22.0**	**25.6**
Oesophagus	6	5	11	0.14	0.12	0.13	1.3	1.0	1.2
Stomach	4	5	9	0.10	0.12	0.11	0.9	1.0	0.9
Intestine, except rectum	8	9	17	0.19	0.20	0.20	1.7	1.9	1.8
Trachea, bronchus and lung	56	20	76	1.35	0.46	0.90	12.0	4.2	8.0
Breast	0	23	23	0.00	0.52	0.27	0.0	4.8	2.4
Prostate	17	0	17	0.41	0.00	0.20	3.6	0.0	1.8
All other sites	46	44	90	1.11	1.01	1.06	9.8	9.1	9.5
CIRCULATORY DISEASES	**180**	**199**	**379**	**4.35**	**4.57**	**4.47**	**38.5**	**41.4**	**39.9**
Ischaemic heart disease	100	75	175	2.42	1.72	2.07	21.4	15.6	18.4
Cerebrovascular disease	45	70	115	1.08	1.61	1.35	9.6	14.6	12.1
All other circulatory diseases	35	54	89	0.85	1.24	1.05	7.5	11.2	9.4
RESPIRATORY DISEASES	**73**	**80**	**153**	**1.76**	**1.84**	**1.80**	**15.6**	**16.6**	**16.1**
Pneumonia, except viral	41	63	104	0.99	1.45	1.22	8.8	13.1	11.0
Bronchitis, Emphysema and asthma	3	4	7	0.07	0.09	0.08	0.6	0.8	0.7
All other respiratory diseases	29	13	42	0.70	0.30	0.50	6.2	2.7	4.4
DIGESTIVE DISEASES	**11**	**20**	**31**	**0.26**	**0.46**	**0.36**	**2.3**	**4.2**	**3.3**
Cirrhosis of liver	1	7	8	0.02	0.16	0.09	0.2	1.5	0.8
All other digestive diseases	10	13	23	0.24	0.30	0.27	2.1	2.7	2.5
ACCIDENTS, POISONINGS & VIOLENCE	**24**	**11**	**35**	**0.58**	**0.25**	**0.41**	**5.1**	**2.2**	**3.7**
Motor vehicle accidents	1	0	1	0.02	0.00	0.01	0.2	0.0	0.1
All other accidents	11	5	16	0.26	0.12	0.19	2.4	1.0	1.7
Suicides	9	5	14	0.22	0.12	0.17	1.9	1.0	1.5
Homicide & injury purposely inflicted by other persons; legal intervention	3	1	4	0.07	0.02	0.04	0.6	0.2	0.4
ALL OTHER CAUSES, INCLUDING SENILITY	**43**	**65**	**108**	**1.04**	**1.50**	**1.27**	**9.2**	**13.6**	**11.4**
Senility	10	20	30	0.24	0.46	0.35	2.1	4.2	3.2
All other causes	33	45	78	0.80	1.04	0.92	7.1	9.4	8.2

Section 5 - Principal Causes of Death

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5-2 Deaths from coronary thrombosis 1961 - 1993 58

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TABLE 5 - 1

Analysis of deaths from all forms of neoplasm disease - registered in 1993

	MALES	FEMALES	TOTALS
Buccal cavity and pharynx	3	1	4
Oesophagus	6	5	11
Stomach	4	5	9
Intestine, except rectum	8	9	17
Rectum and rectosigmoid junction	4	0	4
Trachea, bronchus and lung	56	20	76
Larynx	1	0	1
Bone	0	2	2
Skin	5	2	7
Breast	0	23	23
Cervix uteri	0	8	8
Uterus	0	3	3
Prostate	17	0	17
Other and unspecified sites	28	16	44
Leukaemia	1	2	3
Lymphatic and haemotopoietic tissue	4	9	13
Benign neoplasms and neoplasms of unspecified nature	0	1	1
TOTALS	137	106	243

TABLE 5 - 2

Deaths from Coronary Thrombosis 1961 - 1993

Year	Total deaths			Deaths from coronary disease						Total deaths in age groups 40-64			Deaths from coronary disease in age groups 40 - 64					
				No			%.						No			%.		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
1961	437	388	825	73	33	106	16.7	8.5	12.8	120	59	179	29	3	32	24.2	5.1	17.9
1971	481	400	881	142	67	209	29.5	16.7	23.7	134	58	192	55	7	62	41.0	12.1	32.3
1981	491	438	929	142	90	232	28.9	20.5	25.0	111	65	176	48	11	59	43.2	16.9	33.5
1989	398	429	827	111	82	193	27.8	19.1	23.4	81	47	128	22	1	23	27.2	2.1	18.0
1990	390	410	800	143	168	311	37.7	41.0	38.9	77	49	126	20	11	31	26.0	22.5	23.4
1991	381	451	832	145	192	337	38.1	42.6	40.5	78	55	133	27	13	40	34.6	23.6	30.1
1992	391	402	793	144	137	281	37.0	34.0	35.0	78	47	125	28	5	33	36.0	11.0	26.0
1993	468	481	949	180	199	379	38.5	41.4	40.0	102	55	157	44	14	58	43.1	25 4	37.0
Average 1961-70	422	391	813	93	52	145	22.0	13.3	17.8	126	67	193	40	8	48	31.7	11.9	24.8
Average 1971-80	480	444	924	136	77	213	28.3	17.3	23.0	128	72	200	49	10	59	38.3	13.9	29.5
Average 1981-90	427	430	857	129	95	224	30.2	22.1	26.1	96	58	154	34	8	42	35.4	13.8	27.3

TABLE 5 - 3

Causes of accidental deaths and suicides 1993

Cause	Males	Females	Total
Motor vehicle accident	1	-	1
Drug poisoning	6	4	10
Alcoholic poisoning	2	-	2
Carbon monoxide poisoning	3	1	4
Falls	6	-	6
Drowning	2	-	2
Hanging	-	3	3
Inhalation of food	1	-	1
Self-inflicted suffocation	-	2	2
Multiple stab wounds	1	1	2
Firearm missile	2	-	2
TOTALS	**24**	**11**	**35**

TABLE 5 - 4

Suicides by sex, age groups and years of life lost - 1993

Age Group	Males	Years of Life Lost	Females	Years of Life Lost	Totals	Total Years of Life Lost
Under 20	-	-	-	-	-	-
20 - 29	3	149	-	-	3	149
30 - 39	1	36	-	-	1	36
40 - 49	2	62	1	30	3	92
50 - 59	2	38	-	-	2	38
60 - 69	1	11	1	9	2	20
70 - 79	-	-	2	1	2	1
80 +	-	-	1	-	1	-
TOTALS	9	296	5	40	14	336

Section 6 - Alcohol and Drugs Service

6-1 Alcohol and Drugs Service - referrals 1988 - 1993 63

TABLE 6 - 1

Alcohol and Drugs Service - New referrals

	Alcohol	Other Drugs	TOTAL
1988	89	4	93
1989	163	12	175
1990	189	21	210
1991	219	30	249
1992	317	89	406
1993	377	154	531

Section 7 - Environmental Health

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ENVIRONMENTAL HEALTH

TABLE 7 - 1

Unfit Food Complaints - 1993

	Bread/ Bakery prods.	Meat/ Meat prods.	Milk/ Milk prods.	Take Away Foods	Other Food	TOTAL 1993
Not of Nature or Quality Demanded	1	1	3	1	2	8
Not of the Substance	25	5	9	4	15	58
Complaints Not Upheld	5	5	1	3	6	20
Unfit Human Consumption	4	6	-	4	4	18
TOTAL	**35**	**17**	**13**	**12**	**27**	**104**

TABLE 7 - 2

Prosecutions - 1993

COMPLAINT	PENALTY	
Sale of unfit egg fried rice	Fine	£200
Glass in apple brulée	Fine	£ 50
Maggots in fruit bar	Fine	£175
Semolina containing moth larvae	Fine	£ 50
Continued sale of unfit semolina	Fine	£100

TABLE 7 - 3

Gastro-intestinal Diseases 1990 - 1993

Summary of intestinal infectious disease investigations	1990	(a) 1991	(b) 1991	1992	1993
Incidents	112	91	230	307	359
- Sporadic (1 case only)	96	84	223	288	333
- Outbreaks (2 or more cases)	16	7	7	19	26
Total cases in outbreaks	48	27	27	81	178
Total cases in all incidents	144	11	250	369	*511
(Case - POSITIVE specimens)					

The 1992 and 1993 figures include infections of a non-statutory notifiable type not included in previous figures.

The figures in column (b) for 1991 include these non-statutory notifiable types to give a direct comparison to the 1992 and 1993 figures.

* Notified in 1993 were: 287 Salmonella, 17 Shigella, 146 Campylobacter, 7 Cryptospirodia, 40 Giardiasis and 25 other cases. (N.B. some cases have more than one infection confirmed)

TABLE 7 - 4

Summary of the departmental water sampling activities - 1993

Samples taken for:	**Satisfactory**	**Unsatisfactory**	**Total**
Bacteriological examination	609 (68%)	286 (32%)	895
Full chemical analysis	344 (47%)	388 (53%)	732

Sources sampled:		Samples with excess:	
Wells (dug)	153	Lead	2
Springs	13	Iron	35
Streams	2	Copper	62
Rainwater	19	Zinc	6
Bore tubes	387	Nitrate (WHO)	178 (E.C.) 371 *
Mains supply	7	Manganese	121
		Sodium	47

* The nitrate figures can be broken down as follows:-

Within W.H.O. and E.C. limits	Above E.C. limit and below W.H.O. limit	Above W.H.O. Nitrates limits
Bore 140	134	113
Well 39	53	61
Springs 3	6	4
Total 182	193	178

In addition 41 samples were taken for limited and specific analysis, e.g. hydrocarbons, detergents, fluoresceine traces, metals, in pursuance of pollution detection.

TABLE 7 - 5

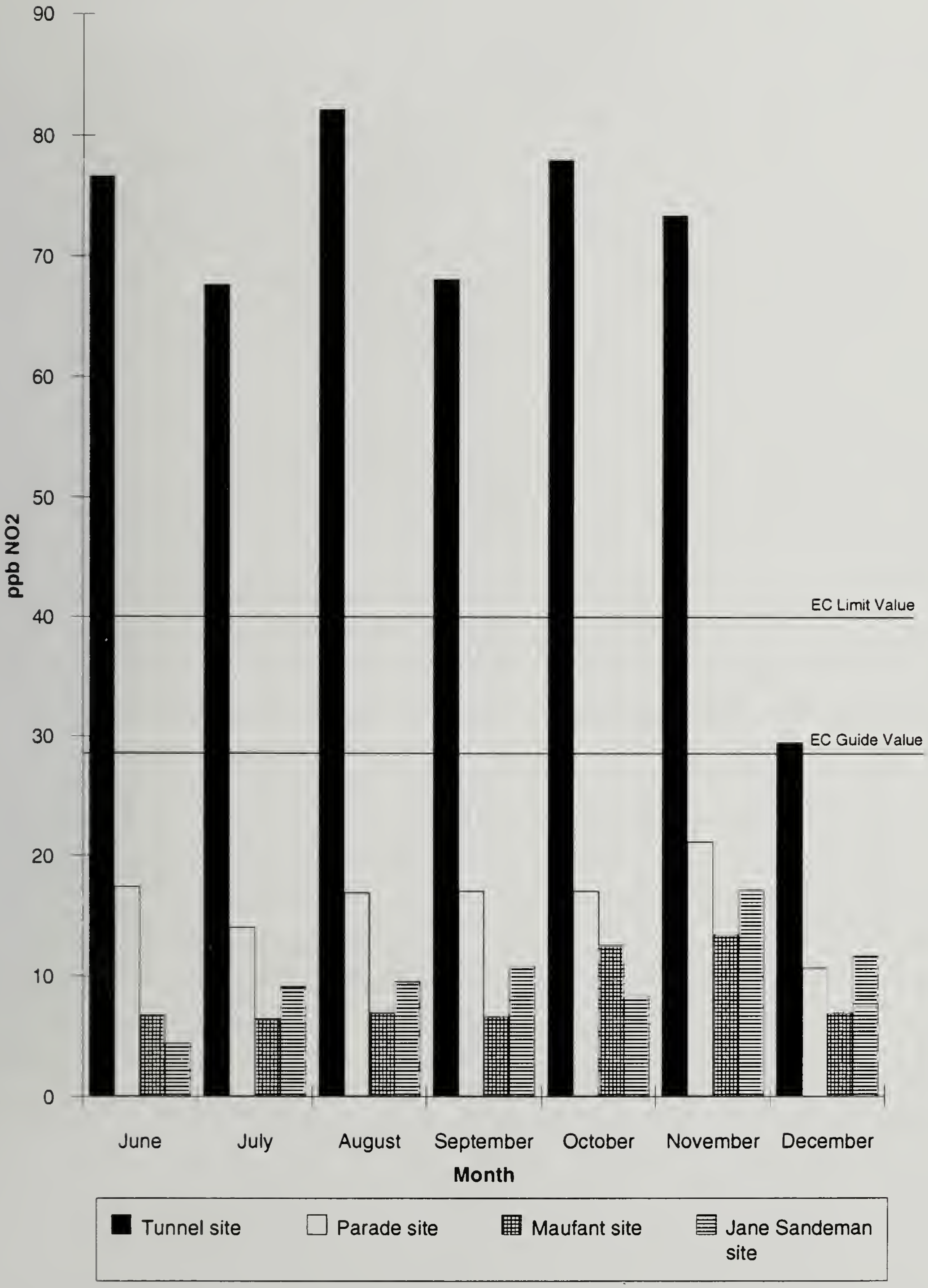
Seawater - Bathing water quality results - 1993

BEACH LOCATION	**No of Samples within EC guidelines**	**No of Samples above EC guideline but below EC maximum**	**No of Samples above EC maximum**	**TOTAL**
St Brelade	19	4	-	23
Beauport	18	2	-	20
Portelet	19	1	-	20
St Ouen	20	-	-	20
Plemont	18	2	-	20
Gréve de Lecq	12	8	-	20
La Haule	14	5	1	20
First Tower	12	6	2	20
Victoria Pool	11	11	-	22
Grouville	14	6	-	20
Archirondel	18	2	-	20
Havre des Pas	14	6	-	20
Green Island	18	2	-	20
TOTALS	207	55	3	265

These results include both Environmental Health and Public Services Department monitoring programmes

TABLE 7 - 6

Nitrogen Dioxide (NO_2) Survey



Section 8 - Clinical Services

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PRE-SCHOOL HEALTH SERVICE

TABLE 8 - 1.1

Children Examined at Nurseries 1991 - 1993

	1991	1992	1993
Total number of children examined	909	932	990
Children without defects	507	541	530
Children with defects followed up at the Health Centre clinics and/or needing specialist referral	217	242	286
Children to be seen again next year	99	73	100
Children already attending a specialist	86	76	73

TABLE 8 - 1.2

Pre-School Medical Examinations 1991 - 1993

	1991	1992	1993
Total number of children examined	909	932	990
Children requiring specialist referral:			
E.N.T. Clinic	41	27	20
Ophthalmic Clinic	50	66	60
Paediatric Clinic	4	1	3
Surgical Clinic	15	28	34
Orthopaedic Clinic	1	-	1
Speech Therapist	24	27	43
Dietician	1	-	-
Educational Psychologist	6	9	8
General Practitioner	8	5	15
Skin Clinic	-	1	1
Total numbers	**150**	**164**	**185**
Percentage of total numbers of children examined requiring specialist referral	16%	17%	19%

SCHOOL HEALTH SERVICE

TABLE 8 - 2.1

Medical examinations 1991 - 1993

	1991	1992	1993
Pupils on school registers	10441	10523	10878
Children medically examined	3036	2951	3233
Percentage of children examined	29%	28%	30%
Children without defects	1567	1564	1893
Children with defects known or to be rechecked	1267	1189	1147
Children with defects requiring specialist referral	205 6.7%	235 7.9%	193 6%
Absentees	91	34	50
Refusals	22	9	10
Medical Officer sessions	303	292	310

TABLE 8 - 2.2

Number of Children examined, classified by age group - 1993

Age Groups	**Number Examined**
Infants (aged 5+)	990
Juniors (age 10)	262
Seniors (age 13+)	791
Special examinations	1190
TOTAL	**3233**

TABLE 8 - 2.3

Number of defects requiring specialist referral, distributed by age groups - 1993

PERIODIC EXAMINATIONS					
Referral to:	**Infants**	**Juniors**	**Seniors**	**Special Examinations**	**Totals**
G.P.	6	1	1	2	10
Optician	-	17	23	58	98
Eye Clinic	22	1	-	8	31
ENT Clinic	4	6	3	11	24
Speech Therapy	4	4	-	2	10
Dietician	-	1	1	5	7
Orthopaedic Clinic	-	-	-	1	1
Dental Clinic	-	-	1	1	2
Skin Clinic	-	-	-	1	1
Psychologist	2	4	1	1	8
U.G. Surgical Clinic	-	1	-	-	1
Totals	38	35	30	90	193

TABLE 8 - 2.4

Number of 10-year-old children not selected for medical examination who had vision tests during 1993

Number Tested	Without Defect	With Defect	Number Referred
546	393	145	8

TABLE 8 - 2.5

Visual Screening Tests on 7-year-old children 1993

Total number of children tested	899
Children with satisfactory vision	654
Children with visual defect for recheck	163
Children needing optician/eye clinic ref	18
Children attending optician/eye clinic	64

TABLE 8 - 2.6

Audiometric Screening Tests 1993

Total Number of Children Tested	3046
Children with slight hearing loss to be re-checked next year	211
Children with known hearing loss	100
Children needing ENT referral	24

Infants (5+ years)		**Juniors** (10 years)		**Seniors** (13+ years)		**Special Examinations**		**Re-checks**	
Number tested	Number defects	Number tested	Number defects	Number tested	Number defects	Number tested	Number defects	Number tested	Number defects
973	128	808	86	810	74	225	51	230	78

TABLE 8 - 2.7

Immunisations/Vaccination during 1993

Places	Age	Immunisations/Vaccinations	Number of Children
Maternity Unit	Newborn	BCG	1,007
Infant Welfare Clinics	1st year of life	Primary Course of diphtheria, tetanus, whooping cough, and polio	811
Infant Welfare Clinics	1st year of life	Primary course of diphtheria, tetanus and polio	6
Infant Welfare Clinics	1st year of life	Primary course of Haemophilus influenzae b (Hib)	912
Infant Welfare Clinics	1 - 4 years	Single Hib vaccine	715
Infant Welfare Clinics	Pre-School	Measles/Mumps/Rubella	743
Schools	5 years	Diphtheria/tetanus booster	820
Schools	5 years	Polio booster	884
Schools	5 years	Completed primaries	4
Schools	11+ years	Rubella (girls only)	357
Schools	13+ years	Tetanus booster	725
Schools	13+ years	Polio booster	765
Schools	13+ years	BCG	91
Health Centre	All ages	Heaf tests	201
Health Centre	All ages	BCG	169

TABLE 8 - 2.8

1993 - Summary of Heaf (tuberculin) test results (13+ years school children)

Reaction in previously BCG vaccinated pupils						Reaction in unvaccinated pupils					
Negative	1	2	3	4	Total	Negative	1	2	3	4	Total
46	61	516	8	-	631	45	11	61	1	-	118

TABLE 8 - 2.9

Results of 1993 questionnaires to determine the incidence of enuresis in 5-year-old and 10-year-old school children

	No of completed questionnaires	No of enuretics (more than once per week)	No of enuretics (less than once per week)
Boys (4½ - 5½ years)	396	36 (9%)	15 (3.7%)
Girls (4½ - 5½ years)	295	26 (8%)	8 (2.7%)
Boys (9½ - 10½ years)	323	14 (4.3%)	10 (3%)
Girls (9½ - 10½ years)	359	2 (0.5%)	5 (1.3%)

SPEECH & LANGUAGE THERAPY

TABLE 8 - 3.1

Table of Sessions

VENUE	NO OF WEEKLY SESSIONS						TYPE OF PATIENT	TYPE OF DISORDER
	1990	Jan-Aug 1991	From Sept 1991	1992	Jan-Aug 1993	From Sept 1993		
Le Bas Centre (and General Hospital as required)	15	15	23	23	23	23	Pre-school and school children Adult Out-patients and adult ward patients in General Hospital	Language, e.g. delay Articulation, e.g. delay; Voice, e.g. laryngectomy; Fluency; Swallowing; Language Articulation e.g. MS
Communi-care	2	2	3	3	4	4	Mostly children	
Poplars	9	9	9	9	8	7	Adults&children	
Overdale	3	3	3	3	3	2	Adults	
Mont a l'Abbe School	5	5	9	9	9	9	Children	Special needs.
Bel Royal School	1	1	2	2	2	2	Children	Physical Handicap
Language Unit	3	3	3	4	4	4	Children	Language, e.g. delay & disorder
Hearing Impaired Unit	1	1	1	2	2	2	Children	Hearing Impaired
Le Geyt Centre	1	1	2	2	2	2	Adults	Learning difficulties
Total No of Sessions	40	40	55	57	57	55		
No of Speech & Language Therapists	4	4	5.5	5.7	5.7	5.5		

TABLE 8 - 3.2

Number of Pre-School and School Age Children Seen 1987-1993

No of Therapists	Year	Pre-School		School Age		TOTAL	
		M	F	M	F	M	F
3	1987	642	289	1392	970	2034	1259
4 (1 extra in July)	1988	774	353	1527	1005	2301	1358
4.2 (Extra sessions in July)	1989	881	438	1443	1381	2324	1819
3.5 (Extra 5 sessions in Oct & Dec)	1990	1088	768	1102	508	2190	1276
5.7 (2 extra in September)	1991	1203	884	1474	788	2677	1670
5.7	1992	1818	809	2025	896	3843	1705
5.5 (2 sessions down in September)	1993	1678	1144	1618	1029	3296	2173

TABLE 8 - 3.3

Total attendances by Children 1987 - 1993

	1987	1988	1989	1990	1991	1992	1993
Patients treated	321	314	408	360	545	682	827
Attendances	3293	3659	4143	3466	4347	5548	5469

TABLE 8 - 3.4

Number of adult attendances 1987 - 1993

YEAR	Number of Therapists	Patients		TOTAL
		M	F	
1987	3	1063	981	2,044
1988	4	1104	1019	2,123
1989	4.2	1191	1125	2,316
1990	3.5	699	707	1406
1991	5.7	741	790	1531
1992	5.7	779	785	1564
1993	5.7	719	960	1679

FAMILY PLANNING SERVICE

TABLE 8 - 4.1

Clinic Attendances 1989 - 1993

Year	New Patients	Repeat Attendances	Total
1989	288	1,156	1,444
1990	363	1,250	1,613
1991	651	1,988	2,639
1992	620	2,101	2,721
1993	640	2,402	3,042

TABLE 8 - 4.2

Clinic attendances broken down by age group 1990 - 1993

Year	Under 16	16 - 19	20 - 24	25 - 29	30 - 39	40 +
1990	-	187	520	459	375	72
1991	24	386	823	738	562	106
1992	61	496	769	661	600	134
1993	87	695	815	685	611	149

TABLE 8 - 4.3

Clinic attendances 1993 broken down by residency and age group

Age Bands	Under 16	16 - 19	20 - 24	25 - 29	30 - 39	40 +	Totals
Resident	87	644	630	612	590	147	2,710
Seasonal	-	51	185	73	21	2	332
Total Attendances	**87**	**695**	**815**	**685**	**611**	**149**	**3,042**

TABLE 8 - 4.4

Attendance and breakdown of treatments given by age groups

** Some clients received more than one treatment and others no treatment

Age	Comb. Pill	Prog only Pill	Coil	Cap	Injec tion	Post Coital	Pregnancy Tests	Discussion/ Examination only
Under 16	38	1	-	-	-	25	9	16
16-19	450	9	-	-	21	114	39	74
20-24	552	24	4	19	40	61	32	74
25-29	457	16	19	19	56	19	13	86
30-39	350	94	49	30	9	5	9	63
Over 40	48	53	14	2	3	-	5	24
** Totals	1895	197	86	70	129	224	107	337

WELL WOMAN SERVICE

TABLE 8 - 5.1

Results of Cervical Smears in Age Groups - 1993

Age Group	Total Seen	Normal Smears		Pre-Cancerous Conditions			
		Routine Recalls	1 year & under Recalls	Borderline Nuclear	DYSKARYOSIS		
					Mild	Moderate	Severe
Under 20	43	20	20	-	3	-	-
20 - 24	128	76	46	-	3	2	1
25 - 29	135	85	40	1	7	1	1
30 - 34	121	89	22	2	4	1	3
35 - 39	169	133	25	-	3	5	3
40 - 44	170	134	24	-	9	1	2
45 - 49	194	167	22	2	2	-	1
50 - 54	134	120	12	-	1	1	-
55 - 59	111	94	16	-	-	1	-
60 - 64	48	45	3	-	-	-	-
65 +	4	4	-	-	-	-	-
TOTALS	1,257	957	230	5	32	12	11

TABLE 8 - 5.2

Breast examination & blood pressure checks - 1993

Age Groups	Total Number Seen	Numbers referred to G.P. with:		
		Raised blood pressure	Breast abnormality	Urine abnormality
Under 20	36	-	-	-
20 - 29	244	3	1	-
30 - 39	280	7	1	-
40 - 49	377	32	6	1
50 - 59	300	32	1	4
60 and over	144	23	1	7
TOTALS	**1,381**	**97**	**10**	**12**

MAMMOGRAPHY SCREENING SERVICE

TABLE 8 - 6.1

1990 - 1993

YEAR	Total Mammograms taken	New Registrations	Routine recalls	Referred for further X-rays	Referred for surgery	Breast cancer diagnosed
1990	1836	1836	-	104	23	14
1991	1472	1359	113	69	19	12
1992	1183	804	379	51	11	10
1993	1867	544	1323	100	* 20	10
TOTAL	6358	4543	1815	324	73	46

* 7 are still under investigation

OCCUPATIONAL MEDICAL SERVICE

TABLE 8 - 7.1

Occupational Medical Examinations carried out in 1993

States Departments	22
Teacher Trainees	2
Private Companies	36
Total	**60**

IMMUNISATION CLINIC

TABLE 8 - 8.1

Number and type of prophylaxis provided at clinic - 1993

BCG	82
Cholera	214
Gamma Globulin	938
Hepatitis A	54
Hepatitis B	526
Heaf Test	104
Meningococcal Meningitis	159
Poliomyelitis	663
Rabies	15
Tetanus	552
Typhoid	1,180
Yellow Fever	355
TOTALS	**4,842**

SPECIAL CLINIC

TABLE 8 - 9.1

Comparison of total attendances 1988 - 1993

1988	1989	1990	1991	1992	1993
1,335	1,110	876	944	777	831

TABLE 8 - 9.2

Number of attendances by sex - new and old cases - 1993

Males			Females			Both Sexes		
New	Old	Total	New	Old	Total	New	Old	Total
132	333	465	110	256	366	220	589	831

TABLE 8 - 9.3

New conditions classified by age and sex - 1993

CONDITION	Under 20		20 - 24		Over 25		Total		Total Both Sexes
	M	F	M	F	M	F	M	F	
Early Syphilis	-	-	-	-	-	-	-	-	-
Gonorrhoea	-	-	1	-	-	-	1	-	1
Chlamydia	-	2	3	1	3	4	6	7	13
Non-Specific Urethritis	1	-	4	-	3	-	8	-	8
Trichomonas	-	-	-	-	-	-	-	-	-
Gardnerella	-	-	-	2	-	4	-	6	6
Candida	-	3	4	9	8	8	12	20	32
Pediculosis	-	-	3	-	3	-	6	-	6
Primary Herpes	-	-	1	-	3	3	4	3	7
Recurrent Herpes	-	-	-	1	3	1	3	2	5
Warts	-	1	9	8	8	4	17	13	30
Recurrent Warts	1	-	2	3	12	5	15	8	23
HIV & Hep.B. Test	3	7	14	14	20	18	37	39	76
Other Conditions	-	-	3	1	6	4	9	5	14
No Infection	1	-	3	4	9	9	13	13	26
Referred Elsewhere	-	-	2	1	1	2	3	3	6
Totals *	6	13	49	44	79	62	134	119	253

*One patient may have several conditions at the same time.

TABLE 8 - 9.4

SPECIAL CLINIC GRAPH
New cases 1963 - 1993

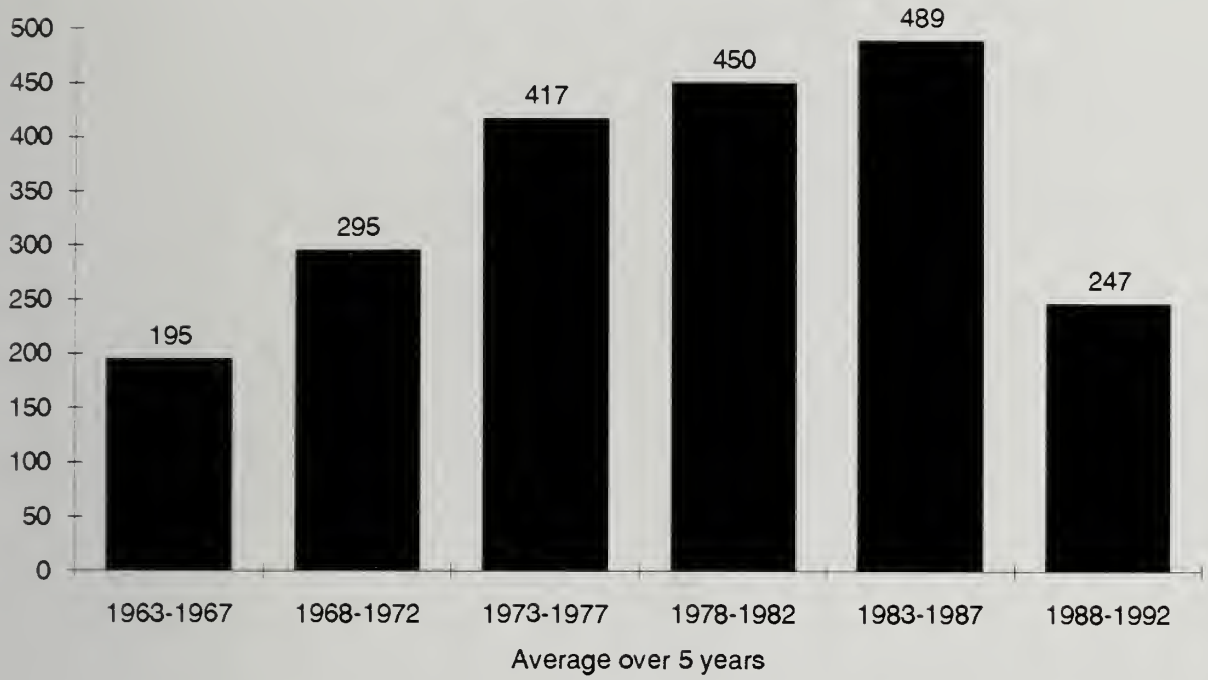

TABLE 8 - 9.5

HIV and AIDS
Cumulative figures 1985 - 1993

TRANSMISSION	**DISEASE STATE**					
	Unknown	Asymptomatic	Symptomatic	CDC IV	Deaths	**TOTAL**
Homosexual/bisexual	3	6	0	2	3	**14**
IVDM*	6	1	0	0	1	**8**
Heterosexual	0	1	1	0	0	**2**
Others	1	1	0	2	3	**7**
TOTALS	**10**	**9**	**1**	**4**	**7**	**31**

* Intravenous drug misuse

These figures are based on information available to the laboratory through specimens received for either initial diagnosis or follow-up.

Section 9 - Miscellaneous

97-1 Analyis of all cancers registered in 1993 89

MISCELLANEOUS

TABLE 9 - 1

Analysis of all cancer cases registered in 1993

Classification No	Site	Males	Females	TOTALS
	BUCCAL CAVITY & PHARYNX 140-149	6		6
141	Tongue	2	-	2
145	Other & unspecified parts of mouth	1	-	1
146	Oropharynx	2	-	2
147	Nasopharynx	1	-	1
	DIGESTIVE ORGANS & PERITONEUM 150-159	37	36	73
150	Oesophagus	5	5	10
151	Stomach	8	7	15
153	Large intestine, except rectum	9	10	19
154	Rectum & rectosigmoid junction	4	9	13
155	Liver & intrahepatic bile duct, specified as primary	3	-	3
156	Gall bladder and bile ducts	-	1	1
157	Pancreas	8	3	11
158	Peritoneum & retroperitoneal tissue	-	1	1
	RESPIRATORY SYSTEM 160-163	47	25	72
160	Nose, nasal cavities, middle ear & accessory sinuses	2	3	5
161	Larynx	5	1	6
162	Trachea, bronchus & lung	40	21	61
	BONE, CONNECTIVE TISSUE, SKIN & BREAST 170 - 174	15	62	77
170	Bone	-	1	1
171	Connective & other soft tissue	-	1	1
172	Melanoma of skin	3	2	5
173	Other malignant neoplasm of skin	12	8	20
174	Breast	-	50	50
	GENITO-URINARY ORGANS 180-189	25	39	64
180	Cervix uteri	-	17	17
182	Other malignant neoplasm of uterus	-	11	11
183	Ovary, fallopian tube & broad ligament	-	9	9
185	Prostate	16	-	16
188	Bladder	8	2	10
189	Other & unspecified urinary organs	1	-	1
	OTHER & UNSPECIFIED SITES 191-199	16	17	33
190	Eye	3	2	5
191	Brain	3	2	5
193	Thyroid gland	-	2	2
195	Ill-defined sites	-	1	1
196	Secondary & unspecified malignant neoplasm of lymph nodes	-	1	1
199	Malignant neoplasm without specification of site	10	9	19
	LYMPHATIC & HAEMATOPOIETIC TISSUE 200-209	5	7	12
201	Hodgkins disease	-	1	1
202	Other neoplasms of lymphoid tissue	2	1	3
203	Multiple myeloma	-	3	3
204	Lymphatic leukaemia	3	-	3
205	Myeloid leukaemia	-	2	2
	TOTALS	**151**	**186**	337

Section 10 - Communicable Diseases

10-1 Communicable diseases notified in 1993 93
10-2 Tuberculosis cases notified in 1993 93

COMMUNICABLE DISEASES

TABLE 10 - 1

Communicable diseases (other than tuberculosis) notified in 1993

International Code	Disease	Notification
003	Salmonella infections (other than typhoid and paratyphoid)	80
005	Food poisoning (unspecified)	31
009	Gastroenteritis	2
033	Whooping cough	2
034	Scarlet fever	3
055	Measles	4
070	Infective hepatitis	3
075	Glandular fever	3
084	Malaria	1

TABLE 10 - 2

Tuberculosis cases notified in 1993

Type	Males	Females	Totals
Pulmonary	9	5	14
Non-Pulmonary	-	-	-
TOTALS	**9**	**5**	**14**

Section 11 - Welfare of the Elderly

11-1 Persons placed in residential homes by the Public Health Committee 1971 - 1993 97

WELFARE OF THE ELDERLY

TABLE 11 - 1

Persons placed in residential homes by the Public Health Committee 1971 - 1993

Year	Males	Females	TOTAL
1971	25	115	140
1981	31	104	135
1987	43	143	186
1989	46	173	219
1990	54	169	223
1991	63	150	213
1992	57	176	233
1993	71	178	249

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12-2 Nursing Homes 102
12-3 Nursing Agencies 102
12-4 Establishments for Massage or Special Treatments 103

REGISTRATIONS WITH THE PUBLIC HEALTH COMMITTEE

TABLE 12 - 1

RESIDENTIAL CARE HOMES

Registered under the Old Persons Homes (Registration) (Jersey) Law, 1964 as at 31st December, 1993

	Maximum Number of Residents
St Helier Community Services Board:	
St Helier House, Westmount	58
Maison de Ville, La Pouquelaye	50
Gardner House, Clarence Road	26
St Brelade Parish:	
Maison St Brelade, Petite Route des Mielles	51
Admar, Maudelaine Estate, St Brelade	6
Peirson House, Longueville, St Saviour	36
Caesarea Association:	
Ridout House, 9 Midvale Road, St Helier	11
Cambrette, Coast Road, St Clement	21
Cranworth, Vallée des Vaux, St Helier	27
Field House, Route du Sud, La Moye, St Brelade	11
Glanville Home for Aged and Infirm Women (Inc.):	
St Mark's Road, St Saviour	36
Glenferrie, 24 Peirson Road, St Helier	10
Ingleby Residential Home, Clos du Bas, Bellozanne Road, St Helier	15
Jubilee Villa, Clairvale Road, St Helier	4
La Haule Residential Home, Route des Iles, St Brelade	41
La Rocque Residential Home, St Clement's Coast Road, La Rocque, St Clement	18
La Villa Rothesay, Victoria Crescent, St Helier	21
La Ville a l'Eveque House, Trinity	7
Les Houmets, Gorey Village, Grouville	33
Little Sisters of the Poor, Jeanne Jugan Residence New St John's Road, St Helier	80
Longfields, Rue du Bocage, St Peter	19
Methodist Homes for the Aged:	
Maison La Corderie, Green Street, St Helier	31
Stuart Court, Rue de Haut, St Lawrence	29
Morley House, Aubin Lane, Bagot, St Saviour	21
Pinewood Residential Home, Mont Millais, St Helier	49
Ronceray Retirement Home, Rue du Huquet, St Martin	11
Springbank, Vallée des Vaux, St Helier	49
Tendercare Rest Home, Fauvic House, Grouville	15
TOTAL BEDS	**786**

TABLE 12 - 2

NURSING HOMES

Registered under the Nursing Homes (Registration) (Jersey) Law, 1960 as at 31st December, 1993

	No. of beds
Beauport Nursing Home, Route des Genets, St Brelade	35
Bon Air Nursing Home, Bon Air Lane, St Saviour	34
Jersey Hospice Care:	
Clarkson House, Rue de la Haie du Puits, Grouville	5
Clifton Nursing Home, Bagatelle Lane, St Saviour	26
Guardian Nursing Home, La Rigondaine, Grouville	35
Maison Variety, Five Oaks, St Saviour	22
Palm Springs Nursing Home, Trinity Hill, St Helier	21
TOTAL BEDS	**178**

TABLE 12 - 3

NURSING AGENCIES

Registered under the Nursing Agencies (Jersey) Law, 1978 as at 31st December, 1993

Beauport Nursing and Home Aid Agency (1986) Ltd Beauport Nursing Home Route des Genets, St Brelade	Beauport Nursing Home (1986) Ltd
Clifton Home Care Services Clifton Nursing Home Bagatelle Lane, St Saviour	Clifton Nursing Home Ltd
Guardian Nursing Agency Guardian Nursing Home La Rigondaine, Grouville	Guardian Nursing Services Ltd
Miss M A Savage, 5 Ocean View Court Mont Pinel, St Helier	Miss M A Savage
Osbourne Nursing Agency Okanagan Le Hocq Lane, St Clement	Osbourne Nursing Agency Ltd

TABLE 12 - 4

ESTABLISHMENTS FOR MASSAGE AND SPECIAL TREATMENT

Registered under the Establishment for Massage or Special Treatment (Licensing) (Jersey) Law 1938, as at 31st December, 1993

PHYSIOTHERAPY

Mr Paul Deveney & Mrs Morag Obarska	20 David Place, St Helier
Mr Charles P Hunt & Mrs Esme Hunt	Orchard Corner, La Route du Fort, St Helier
Miss Diana J Raven	Solanito, Park Estate, St Brelade
Mr J A Westcott	Grand Court, Dongola Road, St Helier

CHIROPODY

Mr Alun P G Bennett	6 Royal Crescent, St Helier
Mr Alun P G Bennett	The Surgery, Le Riches Stores, St Brelade
Miss Karen J Bille-Campbell	19 Midvale Road, St Helier
Miss Rosemary Brown & Mrs J Harwood	Clovelly, 24 West Park Avenue, St Helier
Mrs N Brown	Tamarin, Clos Fromental, Le Hocq, St Clement
Miss Louise S da Silva	13 David Place, St Helier
Mrs Tina H Tidy	2 Peirson Road, St Helier
Mr Martin L Huelin	20 Sand Street, St Helier
Mr M Huelin	Fernlea Surgery, Rue des Sablons, Fauvic, Grouville
Mrs Eunice D Le Gresley	The Surgery, Holmside, Rue Messervy, St Saviour

CHIROPRACTICE

Mr Brian Bolderston	Jersey Chiropractic Clinic, 12 Hill Street, St Helier
Mr W J Grant Henderson	20 Sand Street, St Helier
Mr P Sykes	Little Grove Clinic, Rue de Haut, St L

DENTAL HYGIENISTS

Miss V Hepworth-Taylor	Les Monnieres, Trinity
Mrs E A Forbes	Sunnydale, La Grande Rue, St Mary

SAUNA, SOLARIA, ETC

Almeida Hair & Beauty Salon	Grand Hotel, St Helier
Apollo Hotel	St Saviour's Road, St Helier
Atlantic Hotel	The Palm Club, La Moye, St Brelade
Body Shapers	Primrose Hill, Bon Air Lane, St Saviour
Mrs Diane Canavan	Sienna, Route Orange, St Brelade
David Place Beauty Clinic	17 David Place, St Helier
Diana's Health & Beauty Clinic	10 St James Street, St Helier
Dimensions Hair & Beauty Salon	46-52 King Street, St Helier
Mr M Falle	Notre Chemin, Petite Route des Mielles, St Brelade
Fit for Life Studio	19 Colomberie, St Helier
Fort Regent Leisure Centre	Fort Regent, St Helier
Giselle	1 Marett House, Roseville Street, St Helier
Hair & Beauty	7 Halkett Street, St Helier
Hatley's	23 Beresford Street, St Helier
Heads Together	7 Seale Street, St Helier
Highfield Country Hotel	Trinity
Hotel Bergerac	Portelet Bay, St Brelade
Hotel de la Plage	Havre des Pas, St Helier
Hotel de Normandie	Havre des Pas, St Helier
Hotel l'Hermitage	Beaumont, St Peter
Hotel l'Horizon	St Brelade
Image Hair & Beauty Centre	36 The Parade, St Helier
Jersey Holiday Village	Portelet Bay, St Brelade
Kirsten Sand Beauty Salon	Industria House, St Brelade
Kirsten Sand Beauty Salon	House of Dupre, Bath Street, St Helier
Le Mourier Hydrotherapy	Le Grand Mourier House, St John
Lido Health & Fitness Centre	Hotel de France, St Saviour's Road, St Saviour
Mr R MacDonald	1 Romany Villas, St Aubin's Road, St Helier
Mahogany Beauty	Hotel de France. St Saviour's Road, St Helier
Mermaid Hotel	St Peter
Old Court House Hotel	Grouville
Rio Hair & Body Centre	15 Burrard Street, St Helier
Royal Brees Hotel	David Place, St Helier
St Brelade's Bay Hotel	St Brelade
Shapers Hair & Beauty	Maison Le Riche, St Brelade
Silver Springs Hotel	Route des Genets, St Brelade
Studio Soleil Health & Beauty Centre	11 Stopford Road, St Helier
Swansons Hotel	Esplanade, St Helier
Talana Private Hotel	Bagot Road, St Saviour
Tanfast	10a Beresford Street, St Helier
Mrs S E Taylor	Las Canadas, 9 Clos du Maitland, St Clement
Top to Toe Beauty Ltd	7 Peter Street, St Helier
Votre Beaute	17 Duhamel Place, St Helier
Water's Edge Hotel	Bouley Bay, Trinity
Westhill Hotel	Mont a l'Abbe, St Helier
Willows Guest House	Grands Vaux, St Saviour
Woodville Hotel	St Saviour's Road, St Helier

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